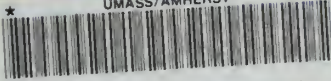


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Massachusetts WIC Program STATE PLAN Fiscal Year 1989

GOVERNMENT DOCUMENTS
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THE COMMONWEALTH OF MASSACHUSETTS
Department of Public Health, Division of Family Health Services
Maternal and Child Health

Massachusetts WIC Program

FY 89 STATE PLAN

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Massachusetts WIC Program
STATE PLAN

SECTION 1:
State Agency
Goals and Objectives

STATE PLAN

Section 1: Goals and Objectives

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II. FISCAL YEAR 1989 GOALS AND OBJECTIVES

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REVIEW OF FISCAL YEAR 1988 GOALS AND OBJECTIVES

INTRODUCTION

During FY 88, the Massachusetts WIC Program's overall goal was to stabilize and improve program operations in order to provide effective, efficient services to a maximum number of eligible Massachusetts residents. Program activities toward this goal were significantly aided by additional funds from the United States Department of Agriculture as well as state expansion funds. Program highlights included:

- o Caseload Expansion and Outreach Activity

As a result of intensified outreach activities and new staff hired at local programs with state expansion funds, active participation increased steadily each month during FY 88 and reached the FY 88 assigned caseload level of 69,800 participants per month in early spring. Program participation reflected continued emphasis on high risk, minority populations: nearly 75% of Massachusetts WIC participants are in Priorities 1-3 and 50% are members of minority groups.

- o Local Program Capacity

As part of the ongoing initiative to more adequately fund local WIC programs, local program service capacity was improved for FY 88. In addition to the 1,300 cases added to local program assignments statewide, full-time staff was augmented by ten persons and existing staff salaries were improved. Average funding per participant increased by \$6.45 to \$95.30 as total local program contract dollars increased \$552,135.

- o Tailoring

Significant MIS reprogramming was done to allow WIC nutritionists at local programs to tailor WIC food packages. Tailoring provides WIC participants with more individualized, nutritionally appropriate amounts of WIC foods; the number of WIC food packages increased from 48 to 204.

- o Banking Services Contract

The new contract for WIC banking services was negotiated and will take effect on October 1, 1988. This new contract improves WIC banking by integrating services and expanding the Program's ability to monitor voucher and vendor activities.

- o Vendor Contracts

The length of WIC contracts with retail store vendors was increased from one year to three years as part of a continuing initiative to streamline local program workload and vendor activities.

- Farmers' Market Coupon Demonstration Project

As part of a coordinated effort with the Massachusetts Department of Food and Agriculture, approximately 10,850 WIC families at twelve local WIC programs were provided with \$10 worth of coupons redeemable for fresh produce at community farmers' markets.

- Prenatal Manual

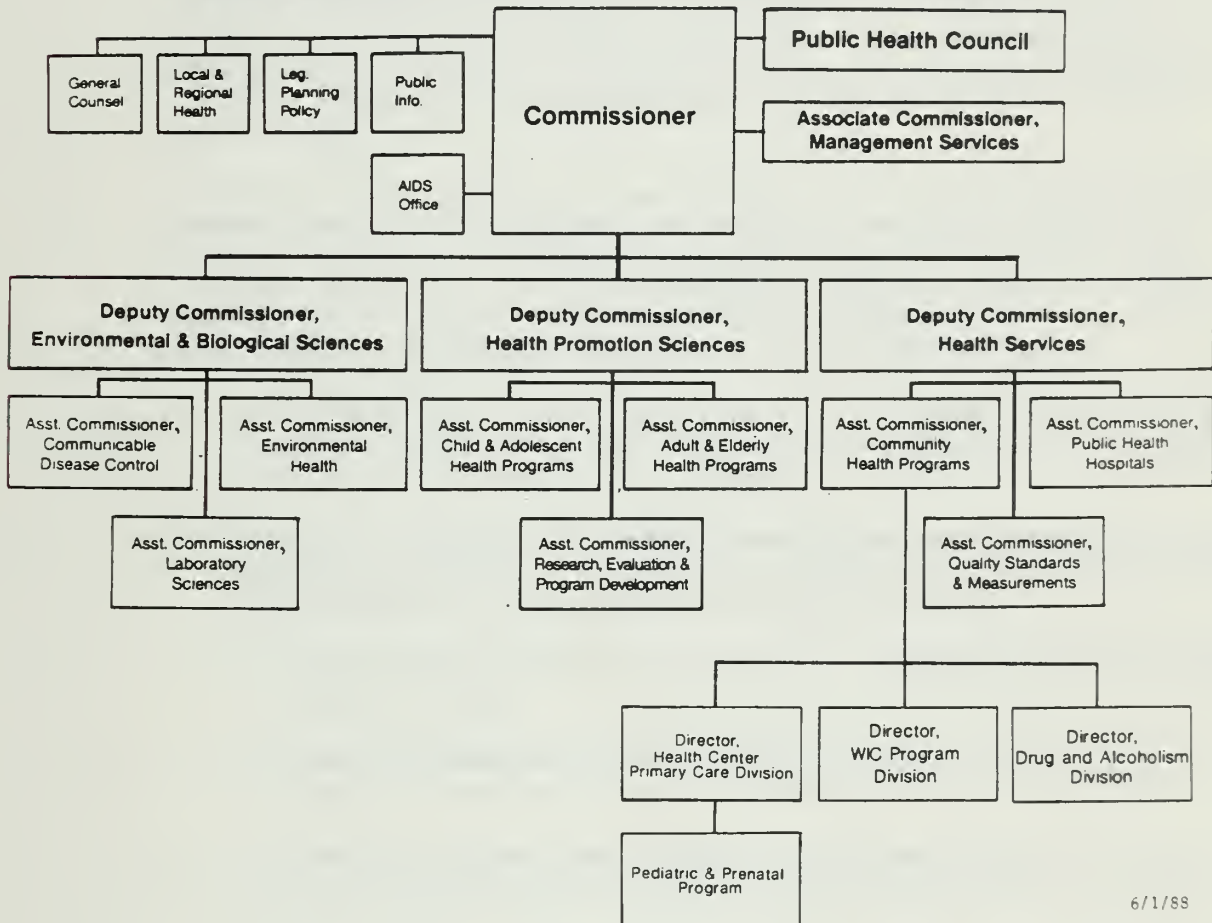
A second edition of the Prenatal Manual was prepared for printing, with the intention of making the manual available nationwide through the bookstore in the Massachusetts State House.

- Revised WIC EDP System

The state Request for Proposal and federal Systems Project Plan are completed, with requisite approvals requested. For FY 89, USDA allocated \$150,000 in discretionary funds and additional operational funds are budgeted for this project, which is estimated to cost a total of \$1.2 M. The initiative is expected to take a minimum of three years to complete.

In addition, the WIC Program was upgraded in the Department of Public Health's comprehensive reorganization process which was undertaken to better address health care issues. The Department will operate through three major programmatic sections, each headed by a Deputy Commissioner: Environmental and Biological Sciences, Health Promotion Sciences, and Health Services. WIC is now a division of the Bureau of Community Health Programs, which is part of Health Services. As such, WIC will operate in direct communication with other Community Health Programs, particularly with the Health Center Primary Care division and the Pediatric and Prenatal Program, which also serves WIC populations. (See attachment.) WIC will also continue to collaborate with the maternal and child health programs which are now part of Health Promotion Sciences - Child and Adolescent Health Programs, Adult and Elderly Health Programs, and the Office of Nutrition. Strong intra-agency networking and lateral communication through the Department's matrix organization and committees on key initiatives such as infant mortality and adolescent services will facilitate integrated policy development, planning, and program implementation.

Massachusetts Department of Public Health



6/1/88

REVIEW OF FISCAL YEAR 1988 GOALS AND OBJECTIVES

ADMINISTRATION AND MANAGEMENT

The primary Administration and Management objectives for FY 88 were:

1. To provide WIC services to 70,100 participants in their communities across the state by the end of FY 88.

Ongoing. Funded by FY 88 state expansion monies, the statewide assigned caseload was increased to 69,800, a level supported by state and federal projected funding, for both food and administration, through June 30, 1987. As projected, active participation increased steadily throughout 1987-88 and reached assigned caseload levels in early spring.

Projected participation for June 1988 is 72,279 (13,501 women, 15,366 infants, and 43,412 children), and reflects continued emphasis on services to high risk and minority populations: Priority 1, 28.3% (20,450); Priority 2, 5.1% (3,713); and Priority 3, 38.7% (27,998). 18.5% of participants are black, 23.9% are Hispanic, 7.1% are Asian/Pacific, and 50.3% are white. (See attachment.)

- A. Coordinate WIC outreach and referrals with other health and social services at the state and local level, particularly with regard to high priority, high risk participants.

Ongoing. Outreach and referral activities were coordinated with other DPH pediatric and prenatal programs and initiated with the Departments of Public Welfare and Social Services:

- A reciprocal referral mechanism was established between Healthy Start and WIC.
- Inserts promoting WIC were mailed with AFDC checks to all pregnant women and mothers of infants.
- "Health Choices" case managers at the Department of Public Welfare will be making direct referrals to WIC.
- WIC Program information will be included in case worker training at the Department of Social Services.
- Outreach was directed toward homeless shelters, food pantries and kitchens.
- Outreach materials and technical assistance were provided to local WIC programs on building and maintaining community-based referral networks and on targeting high-risk populations for outreach.

B. Monitor caseload activity and distribution among catchment areas.

Ongoing. Caseload activity is monitored monthly and a manual count provides more current data on participation in each service area. As part of the FY 89 recontracting process, local WIC program caseload assignments and management histories were reviewed. Caseload was then reallocated to:

- local WIC programs that were not serving priority groups 4 or 5a, enabling all programs to serve participants in priority groups 1 through 5a;
- local WIC programs in high-risk, high-need areas as demonstrated by high infant mortality, low birthweight, adolescent pregnancy, and the WIC Needs Assessment; and
- local programs with management capacity to utilize current or additional caseload while maintaining program standards.

C. Provide technical assistance to local agencies on fiscal and contractual issues which affect the support of direct services and other local program operations.

Ongoing. Training sessions were held for local program directors and local agency fiscal staff on completing state budget and contract forms and monitoring expenditures to ensure balanced local program budgets. The Assistant Director for Fiscal and Systems provided technical assistance to local programs on a case-by-case basis during the year as well as during budget preparation. In addition, the WIC local program salary survey provided basic information on comparative direct service positions for use in budget preparation and hiring.

2. To improve the efficiency, accountability and usefulness of the EDP system to enhance program management.

A. Pursue development and implementation of a new, revised EDP system as recommended by the MIS Task Force.

Ongoing. The MIS Project Director completed a preliminary draft project plan based on an analysis of the current system, the needs of the WIC Program, and on the recommendations of an independent consultant and the WIC MIS Task Force. The plan was presented to local program directors and senior nutritionists, and a working group of local and state agency staff meets regularly to solve local program design and implementation issues. The MIS Project Director also heads the MIS Steering Committee (composed of WIC, DPH and DFHS staff) and communicates with the WIC Advisory Committee on the progress of the MIS project.

Meetings were held with the state Bureau of Systems Policy and Planning and with the Northeast Regional Office of USDA to elicit input. Approval from both sources is necessary for project funding and implementation.

A state RFP and federal Systems Project Plan have been completed and a formal selection board and procedures are being organized. Dependent upon approval of these documents, it is expected that a contract will be awarded in the fall of 1988.

The preliminary system is estimated to cost approximately \$1.2 M. For FY 89, USDA allocated \$150,000 in discretionary funds for the project, and additional funds are being budgeted from the WIC operational budgets for FY 88-89. Funds will be requested for state FY 90. The initiative is expected to take a minimum of three years to complete.

- B. Continue maintenance of current EDP system with modifications as necessary and practical.

Ongoing. The current EDP system has been maintained. The major modification made during FY 88 was the implementation of a system for tailoring food packages, including new input forms, which proved complex. Programming changes were also made for the new nutritional risk criteria.

- 3. To assure the effective operation of the state agency staff.

- A. Continue promotion of collaboration and coordination among program components.

Ongoing. Assistant Directors for Food Delivery, Fiscal/Systems, and Program/Nutrition meet weekly with the WIC Director. Staff from these three program components also meet on initiatives whose activities cross program component lines, such as food package tailoring and new input forms. All-staff meetings are held once a month.

- B. Carry out annual performance evaluations for all state WIC agency staff and managers.

Completed.

- C. Hire staff to fill funded vacancies as they occur.

Ongoing. During FY 88, the following positions were filled: Fiscal Manager, Accountant, Assistant Program Manager, EDP Programmer IV, Input-Output Coordinator, EDP Systems Analyst, SEA/STP Nutritionist/Coordinator, Vendor Manager, Vendor Specialist, Vendor Compliance Specialist, Voucher System Manager, and Clerk.

4. To further strengthen communication with participants, local WIC programs, and interested citizens.

- A. Enhance statewide WIC Advisory Council of citizens, participants local program staff, and elected and appointed state officials to provide continued review, advice and advocacy.

Completed. Beginning in September, the WIC Advisory Council met every other month in FY 88. Among the items addressed were the local program salary study, the Infant Formula Price Enhancement Project, the reorganization of the Department of Public Health, federal and state budget issues, 1986 infant mortality preliminary data, and WIC outreach activities. Council members were provided with monthly status reports on WIC state agency activities, and they actively advocated with the executive agencies and legislature of the Commonwealth of Massachusetts with regard to WIC Program interests.

- B. Maintain state agency internal meeting structure to facilitate regular flow of information and integration of program components.

Completed (see #3.A above). In addition, staff of each program component meet regularly with their respective Assistant Directors.

- C. Continue working committees and regular business meetings to enhance input from and exchange of information with local programs.

Completed. The MIS, Unit Rate, Program and Nutrition, and Accountability work groups met regularly during FY 88 to advise the state agency on development and implementation of activities, policies and procedures. Business meetings for local Program Directors and Senior Nutritionists were held every two months to provide a forum for state agency/work group progress reports and for discussion of WIC issues and current activities.

In addition, the following activities were undertaken in FY 88:

- Collaboration with other DPH components to reduce the infant mortality rate through participation on the Infant Mortality Task Force.
- Ongoing communication with the following programs in order to ensure coordination of services to the women, infants and children served by the Department of Public Health: Child and Adolescent Health Programs, Office of Nutrition, Adult and Elderly Health Programs, and Pediatric and Prenatal Programs.

MASSACHUSETTS WIC PROGRAM
COMPARISON OF ETHNIC/RACIAL BREAKDOWN

SECTION 1: SA GOALS & OBJECTIVES
PART 1: REVIEW OF FY 1988
GOALS AND OBJECTIVES

SECTION A

PAGE: 5

DATE: 5/88

| | | <u>TOTALS</u> | WHITE | BLACK | HISPANIC | AMERICAN INDIAN/ ALASKAN | ASIAN/ PACIFIC ISLANDER |
|---|---------------------------------|-----------------|------------------|------------------|------------------|--------------------------------|-------------------------------|
| ALLSTON/BRIGHTON (Excluding Boston) | Catchment area Participation | 243,898 1710 | 94.73% 33.85% | 01.16% 16.02% | 01.49% 15.49% | 00.04% 0.05% | 02.58% 34.56% |
| ATHOL | Catchment area Participation | 59,206 908 | 98.73% 94.71% | 00.28% 1.65% | 00.58% 2.53% | 00.20% 00.00% | 00.21% 1.10% |
| BERKSHIRE | Catchment area Participation | 114,944 1624 | 81.45% 94.70% | 01.38% 4.37% | 00.43% 00.43% | 00.06% 00.12% | 00.34% 00.36% |
| BROCKTON | Catchment area Participation | 263,618 2621 | 94.84% 60.43% | 03.23% 15.87% | 01.28% 20.67% | 00.20% 00.03% | 00.45% 02.97% |
| CAMBRIDGE | Catchment area Participation | 279,239 2026 | 91.22% 35.78% | 04.20% 37.56% | 02.58% 21.17% | 00.12% 00.29% | 01.88% 05.18% |
| CAPE COD | Catchment area Participation | 150,953 1775 | 97.28% 89.23% | 01.30% 08.16% | 00.62% 02.19% | 00.55% 00.33% | 00.25% 00.05% |
| CHARLESTOWN/CHELSEA (Excluding Boston) | Catchment area Participation | 67,835 1924 | 92.88% 40.85% | 00.95% 00.98% | 05.62% 41.48% | 00.07% 00.05% | 00.48% 16.42% |
| FALL RIVER | Catchment area Participation | 147,334 2481 | 97.32% 93.63% | 00.31% 02.25% | 01.94% 00.84% | 00.09% 00.04% | 00.34% 03.22% |
| FRAMINGHAM | Catchment area Participation | 240,670 1035 | 95.95% 67.24% | 01.33% 03.96% | 01.70% 25.79% | 00.08% 00.28% | 00.94% 02.70% |
| FRANKLIN COUNTY | Catchment area Participation | 40,687 1219 | 98.48% 97.12% | 00.48% 00.82% | 00.48% 01.31% | 00.18% 00.16% | 00.38% 00.57% |
| HAMPSHIRE COUNTY | Catchment area Participation | 111,070 917 | 95.47% 72.19% | 01.67% 03.48% | 01.68% 12.86% | 00.12% 00.21% | 01.06% 11.23% |
| HAVERHILL | Catchment area Participation | 114,488 1461 | 97.90% 84.32% | 00.66% 01.02% | 01.10% 13.82% | 00.16% 00.00% | 00.18% 08.82% |
| HOLYOKE/CHICOPEE | Catchment area Participation | 214,908 4277 | 94.50% 46.22% | 01.04% 03.27% | 03.96% 49.70% | 00.13% 00.14% | 00.37% 00.65% |
| LAWRENCE | Catchment area Participation | 146,269 3302 | 91.13% 21.59% | 00.60% 00.93% | 07.68% 75.52% | 00.18% 00.03% | 00.41% 01.90% |
| LOWELL | Catchment area Participation | 241,846 3209 | 96.10% 37.95% | 00.86% 01.37% | 02.26% 21.72% | 00.11% 00.09% | 00.67% 38.85% |

COMPARISON OF ETHNIC/RACIAL BREAKDOWN (cont.)

| | | <u>TOTALS</u> | WHITE | BLACK | HISPANIC | AMERICAN INDIAN/ ALASKAN | ASIAN/ PACIFIC ISLANDER |
|--------------------|---------------------------------|-----------------|------------------|------------------|------------------|--------------------------------|-------------------------------|
| MALDEN/REVERE | Catchment area Participation | 289,910 1311 | 97.42% 83.21% | 01.26% 03.05% | 00.76% 01.22% | 00.10% 00.00% | 00.46% 12.50% |
| NEW BEDFORD | Catchment area Participation | 153,961 2471 | 94.12% 68.47% | 01.78% 16.47% | 03.41% 14.44% | 00.21% 00.16% | 00.48% 00.44% |
| NORTH CENTRAL | Catchment area Participation | 187,870 1472 | 94.69% 56.99% | 02.18% 08.01% | 02.31% 29.48% | 00.17% 00.00% | 00.65% 05.50% |
| NORTH SHORE | Catchment area Participation | 347,721 3718 | 97.01% 59.33% | 01.03% 09.49% | 01.34% 23.37% | 00.16% 00.00% | 00.46% 07.79% |
| PLYMOUTH | Catchment area Participation | 154,671 1389 | 97.51% 90.71% | 01.16% 07.19% | 00.79% 01.65% | 00.18% 00.00% | 00.36% 00.43% |
| QUINCY | Catchment area Participation | 381,434 1409 | 98.13% 89.92% | 00.71% 03.97% | 00.56% 01.20% | 00.08% 00.14% | 00.52% 04.75% |
| SOMERVILLE/MEDFORD | Catchment area Participation | 288,967 2309 | 96.81% 80.46% | 01.20% 10.74% | 01.07% 05.93% | 00.12% 00.17% | 00.80% 02.68% |
| SOUTH BERKSHIRE | Catchment area Participation | 10,148 203 | 95.87% 91.13% | 02.05% 05.41% | 01.19% 02.46% | 00.20% 00.00% | 00.67% 00.98% |
| SOUTH CENTRAL | Catchment area Participation | 321,116 1836 | 98.54% 84.64% | 00.35% 01.57% | 00.82% 12.58% | 00.08% 00.10% | 00.21% 01.08% |
| SPRINGFIELD | Catchment area Participation | 198,113 4043 | 79.63% 21.29% | 12.50% 31.51% | 07.15% 45.51% | 00.14% 00.09% | 00.58% 01.55% |
| TAUNTON | Catchment area Participation | 196,244 1783 | 97.40% 86.98% | 00.63% 01.90% | 01.53% 07.68% | 00.08% 00.05% | 00.36% 03.36% |
| WORCESTER | Catchment area Participation | 258,479 2660 | 94.68% 48.15% | 01.88% 08.64% | 02.69% 35.18% | 00.21% 00.11% | 00.54% 07.89% |

COMPARISON OF ETHNIC/RACIAL BREAKDOWN (cont.)

| | | <u>TOTALS</u> | WHITE | BLACK | HISPANIC | AMERICAN INDIAN/ ALASKAN | ASIAN/ PACIFIC ISLANDER |
|---------------------------------|-----------------------------|--------------------|------------------|------------------|------------------|--------------------------------|-------------------------------|
| CITY OF BOSTON | | 560,433 | 68.60% | 21.79% | 06.50% | 00.25% | 02.86% |
| DORCHESTER/ROXBURY | Participation | 3072 | 00.26% | 96.09% | 03.32% | 00.03% | 00.22% |
| EAST BOSTON | Participation | 1179 | 58.35% | 03.13% | 24.76% | 00.42% | 13.23% |
| JAMAICA PLAIN | Participation | 1927 | 10.48% | 15.56% | 72.85% | 00.05% | 01.03% |
| ROXBURY | Participation | 2270 | 02.99% | 66.47% | 27.57% | 00.08% | 02.86% |
| SOUTH BOSTON | Participation | 1042 | 90.21% | 05.47% | 01.63% | 00.47% | 02.20% |
| SOUTH DORCHESTER/ ROSLINDALE | Participation | 2134 | 33.27% | 63.77% | 02.62% | 00.00% | 00.32% |
| SOUTH END | Participation | 2349 | 01.91% | 35.88% | 26.18% | 00.08% | 35.93% |
| UPHAM'S CORNER | Participation | 3213 | 13.13% | 42.48% | 33.83% | 00.34% | 10.20% |
| STATEWIDE TOTALS | Population Participation | 5,685,283 72279 | 92.72% 50.34% | 03.76% 18.53% | 02.48% 23.86% | 00.15% 00.11% | 00.89% 07.14% |

NOTE: Catchment Area/Population: 1980 Federal Census estimate
Participation: June 1988 Participant Report

REVIEW OF FISCAL YEAR 1988 GOALS AND OBJECTIVES

PROGRAM

The primary Program objectives for FY 88 were:

1. To standardize efficient, effective local program operations.
 - A. Collaborate with the Nutrition and Vouchers sections in evaluating all local programs to ensure efficiency and accuracy in eligibility determination and processing standards, and the provision of appropriate nutrition education, food vouchers, and referrals.

In process. All thirty-five local programs will have been evaluated by September 30, 1988. (See attached FY 88 site visit schedule.)

- B. Collaborate with the Nutrition and Vouchers sections to increase the frequency of training sessions for new local program staff.

Completed. Training sessions for new local program staff are now held three times a year. During FY 88, new staff training was held in October 1987, February 1988, and June 1988.

- C. Revise the Procedure Manual as necessary to reflect new state agency policies and procedures designed to increase the effectiveness and efficiency of local program operations.

Ongoing. The Procedure Manual has been and is being revised to reflect new state policies; new sections include an expanded section on income and one on no-shows. Other revisions will include changes to the manual count of participants.

2. To maintain efficient, effective delivery of appropriate benefits to 70,100 participants.

Monitor progress of FY 88 High-Risk Outreach Plan goals and objectives in December 1987, June 1988, and during management evaluations to ensure that local programs are targeting high-risk populations, with an emphasis on adolescents, minorities (including Indians), and recent immigrants.

In process. Progress on FY 88 High Risk Outreach Plan activities is being monitored during management evaluations at local programs. Final evaluation of each local program's objectives will be completed by the end of FY 88.

- B. Coordinate outreach and referrals with other Maternal and Child Health programs servicing similar populations, particularly Healthy Start and Failure-to-Thrive, for early enrollment of prenatals and infants.

Ongoing. A reciprocal referral mechanism has been established between Healthy Start and WIC. Healthy Start applications now contain a question regarding participation in the WIC program, and WIC information and applications are mailed to new Healthy Start participants. In addition, local WIC program staff now refer to Healthy Start all individuals who are potentially eligible for Healthy Start benefits. The revised WIC participant input form includes information regarding Healthy Start participation so the state agency can now generate computer reports indicating the number of WIC prenatal women on/referred to the Healthy Start program.

Discussion with the Failure-To-Thrive (FTT) program will be initiated by August, 1988, with the goal of establishing a reciprocal referral mechanism between WIC and the FTT program.

In addition, numerous statewide and local program outreach initiatives were conducted to facilitate referrals of WIC eligible individuals. (See attachment.) These activities contributed to the 10.7% increase in active caseload from July, 1987 to May, 1988.

- C. Increase Department of Public Welfare referrals to WIC through regular mailings of WIC literature to targeted DPW recipients, specifically prenatals and caretakers of infants less than 9 months of age.

Ongoing. DPW mails WIC literature to prenatals and mothers of infants and displays and distributes WIC educational materials in local DPW offices. In addition, Massachusetts WIC is collaborating with DPW on a proposal to facilitate the receipt of WIC benefits by DPW prenatals by training DPW Health Choices Advisors to assist with preliminary nutrition assessments and the completion of other certification forms. This proposal is targeted for implementation in FY 89.

- D. Develop and initiate, with the Department of Public Health's Office of Nutrition, coordinated outreach and referral activities with other federal and state nutrition and food assistance programs.

In process. An RFP for the implementation of a coordinated nutrition outreach program was developed in conjunction with the Office of Nutrition and responses were received, but implementation has been postponed until the new state fiscal year.

- E. Monitor local program active caseload monthly to ensure maximum utilization of assigned caseload. Conduct appropriate follow-up, including mid-year reallocation of assigned caseload, if necessary.

Ongoing. Substantial technical assistance with scheduling, outreach, and group certifications is being provided to local programs unable to utilize their assigned caseload. Programs unable to utilize or maintain their assigned caseload due to severe staff vacancies have been assigned temporary staff. Unused caseload slots were reallocated, effective July 1, 1988.

- F. Collaborate with the Fiscal section to develop and implement a revised system of counting participation on a monthly basis by priority and target population.

Ongoing. The system for counting participation is refined and modified as necessary. The modifications for counting monthly participation by category and priority, which are required in order to meet new federal guidelines, have been designed, with implementation dependent on programming capacity.

- G. Collaborate with the Vouchers section to develop and implement a procedure for counting food voucher pickup no-shows.

In process. A procedure for counting food voucher pickup no-shows has been developed and is being incorporated into the FY 89 Procedure Manual. Implementation is scheduled for FY 89.

- H. Collaborate with the Fiscal section to study the feasibility of converting WIC local agencies to unit contracts.

Ongoing. See FISCAL #1.D for a description of steps taken.

Additional activities undertaken in FY 88 include:

- Collaboration with EFNEP and the Massachusetts Department of Food and Agriculture on the Farmers' Market Demonstration Project whereby 10,850 WIC families in 12 WIC programs received \$10 worth of coupons redeemable at local farmers' markets for fresh produce. Presentation made at national meetings.
- Collaboration with Systems and Vendors on design and implementation of food package tailoring and new input forms.

MASSACHUSETTS WIC PROGRAM

FY 88 SITE VISIT SCHEDULE

| | |
|---|-------------------|
| ALLSTON/BRIGHTON WIC PROGRAM | December 9, 1987 |
| ATHOL WIC PROGRAM | October 2, 1987 |
| BERKSHIRE WIC PROGRAM | May 5, 1988 |
| BROCKTON WIC PROGRAM | April 13, 1987 |
| CAMBRIDGE WIC PROGRAM | March 17, 1988 |
| CAPE COD WIC PROGRAM | May 13, 1988 |
| CHARLESTOWN/CHELSEA WIC PROGRAM | April 26, 1988 |
| DORCHESTER/ROXBURY WIC PROGRAM | January 8, 1988 |
| EAST BOSTON WIC PROGRAM | January 22, 1988 |
| FALL RIVER WIC PROGRAM | November 20, 1987 |
| FRAMINGHAM WIC PROGRAM | March 4, 1988 |
| FRANKLIN COUNTY WIC PROGRAM | November 13, 1987 |
| HAMPSHIRE COUNTY WIC PROGRAM | October 28, 1987 |
| HAVERHILL WIC PROGRAM | December 2, 1987 |
| HOLYOKE/CHICOPEE WIC PROGRAM | April 21, 1988 |
| JAMAICA PLAIN WIC PROGRAM | December 30, 1987 |
| LAWRENCE WIC PROGRAM | November 4, 1987 |
| LOWELL WIC PROGRAM | July 7, 1988 |
| MALDEN/REVERE WIC PROGRAM | June 7, 1988 |
| NEW BEDFORD WIC PROGRAM | April 8, 1988 |
| NORTH CENTRAL WIC PROGRAM | March 30, 1988 |
| NORTH SHORE WIC PROGRAM | May 24, 1988 |
| PLYMOUTH WIC PROGRAM | November 24, 1987 |
| QUINCY WIC PROGRAM | June 29, 1988 |
| ROXBURY WIC PROGRAM | January 13, 1988 |
| SOMERVILLE/MEDFORD WIC PROGRAM | February 18, 1988 |
| SOUTH BERKSHIRE WIC PROGRAM | May 4, 1988 |
| SOUTH BOSTON WIC PROGRAM | March 11, 1988 |
| SOUTH CENTRAL WIC PROGRAM | March 25, 1988 |
| SOUTH DORCHESTER/ROSLINDALE WIC PROGRAM | January 29, 1988 |
| SOUTH END WIC PROGRAM | February 26, 1988 |
| SPRINGFIELD WIC PROGRAM | October 27, 1987 |
| TAUNTON WIC PROGRAM | June 24, 1988 |
| UPHAM'S CORNER WIC PROGRAM | December 18, 1987 |
| WORCESTER WIC PROGRAM | June 14, 1988 |

WIC OUTREACH INITIATIVES

LOCAL PROGRAM ACTIVITIES

- "WIC Walks" promotion
- Development and/or maintenance of community networking and referral system
- FY 88 outreach workplans to high risk populations
- Community-specific outreach activities such as:
 - news stories and advertisements
 - grocery bag flyers
 - radio and cable TV talk shows and PSAs

STATEWIDE ACTIVITIES

- PSA to radio stations statewide
- Notice to Star Market weekly circular and Stop and Shop newsletter
- Funding proposal to Digital and other corporations for:
 - TV PSA
 - brochure for physicians
 - subway and bus posters
- "WIC Walks" promotion
- Mailing to AFDC pregnant women and mothers of infants
- Mailing to OB/GYN and pediatric doctors, general practitioners and nurses
- Mailing to homeless shelters, food pantries and food kitchens
- Referral network and training protocols with DSS and DPW
- Technical assistance to local WIC programs on:
 - improve systems to increase capacity for group certifications, scheduling, patient flow, etc.
 - hiring new staff
 - conducting effective outreach and building referral systems

REVIEW OF FISCAL YEAR 1988 GOALS AND OBJECTIVES

NUTRITION

The primary Nutrition objectives for FY 88 were:

1. To maintain special projects established to promote positive changes in nutritional status of participants.

- A. Increase the incidence of breastfeeding among postpartum breastfeeding WIC participants and the length of time they breastfeed.

- 1) Provide ongoing training and support to local programs in establishing and maintaining breastfeeding promotion activities.

In process. Technical assistance for breastfeeding promotion is provided by state staff. Statewide policies and protocols for conducting three types of breastfeeding contacts in local programs have been developed, will be completed in May, 1988, and will be presented at a subsequent inservice.

- 2) Establish a monitoring system to identify prenatal feeding choices and direct breastfeeding efforts at the population most in need of breastfeeding information.

Completed. A questionnaire has been developed for local program use which elicits prenatal knowledge and attitudes as well as infant feeding choice; the target population most in need of breastfeeding support has also been identified.

- 3) Complete and publish Breastfeeding Study Evaluation.

In process. The study report content is complete and the format is being finalized. Study results will be presented at the inservice for WIC/Pediatric and Prenatal Programs (PPP) staff in May, 1988 and the Women and Nutrition Conference in June, 1988. Publication is scheduled for the fall of 1988.

- B. Ensure the provision of appropriate nutrition education to all participants.

- 1) Monitor minority caseload by program to provide appropriate culturally specific information and staffing recommendations to local programs.

Completed. Minority caseload was monitored and recommendations were made at each program's FY 88 site visit.

- 2) Monitor integration of SEA nutrition staff in local programs and provide technical assistance.

In process. All local programs with SEA nutrition staff will be evaluated and technical assistance will be provided in FY 88.

- 3) Provide information and training to local programs concerning high risk immigrant groups in the WIC eligible population.

Completed. Training modules for nutrition paraprofessionals on calcium and overweight children were developed containing culturally appropriate foods and counseling techniques, and inservices were held. New staff training included two components focusing on immigrant groups and food practices.

- 4) Provide information on the benefits of early prenatal care to SEA participants through the SEA Nutrition Assistants, in order to increase early enrollment of SEA prenatal women in prenatal care and the WIC program.

Due to staff turnover, implementation will be initiated in FY 89.

- 5) Gather statewide figures on participation among the Haitian population. Provide cultural inservices and training on Haitian cultural food habits.

In process. The position of SEA/STP Project Nutritionist/Field Coordinator was filled and a needs assessment of the Haitian community was begun in cooperation with the SPRANS Boston Demonstration Project. A cultural food practices seminar focusing on the Haitian population is scheduled for June 3, 1988.

- 6) Increase the WIC program's ability to provide culturally appropriate nutrition education to high risk immigrant groups.

In process. The SEA/STP Project is expanding to include additional special target populations such as Haitians and Central American refugees, and recommendations from the needs assessment have been incorporated into nutrition Goals and Objectives for FY 89.

2. Increase incidence and quality of nutrition education contacts for each participant.

- A. Provide technical assistance to local programs regarding methods of scheduling and documenting secondary contacts for all participants.

In process. Protocols for secondary nutrition education contacts are being monitored at each program during the FY 88 site visit and recommendations are made based on this review. Twenty local agencies implemented secondary nutrition education contact protocols as part of their Nutrition Education Action Plan for FY 88.

- B. Provide a follow-up protocol to ensure three nutrition education contacts for each infant certified for a 10 month extended certification period.

In process. To be completed by the end of FY 88.

- C. Increase the provision of educational materials and guidance to local programs choosing to implement secondary contact groups.

In process. Five local programs received technical assistance from the state nutrition staff regarding implementation of secondary contact groups in FY 88. The Nutrition Education Task Force will provide a listing of audio/visual resources appropriate for local WIC program use from films previewed in FY 88.

3. Increase number of CPA nutrition paraprofessionals within local programs.

- A. Provide standardized, statewide, competency-based protocol for training paraprofessionals as CPAs.

In process. An outline has been drafted and state nutrition staff have begun work on the protocol. Proposed deadline is the end of FY 88.

- B. Provide two nutrition paraprofessional inservices during FY 88.

Completed. Inservices for nutrition paraprofessional staff were held in December, 1987 and April, 1988. A third inservice is scheduled for September, 1988.

- C. Collaborate with Nutrition and Vouchers sections to increase the frequency of training sessions for new local program staff.

Completed. Training for new local agency staff was held in October, 1987 and February, 1988. A third New Staff Training is scheduled for June, 1988.

- D. Develop continuing education training modules for paraprofessionals at local programs.

Completed. Training modules on calcium and overweight children were developed for nutrition paraprofessionals.

- E. Observe and evaluate competency of all local CPA paraprofessionals at the annual management evaluation.

In process. Participant records of all CPA paraprofessionals are being reviewed at the FY 88 site visit. Approximately fifty percent of all local CPAs had counseling observations by state nutrition staff in FY 88.

4. Increase the quality of nutrition staff development.

- A. Develop a professional continuing education newsletter two times a year.

In process. The "WIC News" continuing education newsletter is presently being reviewed for distribution at this time. A student intern has begun drafting a breastfeeding update continuing education newsletter in collaboration with the Breastfeeding Task Force and Healthy Mothers/Healthy Babies Education Committee. Proposed issue date is July, 1988.

- B. Collaborate with the Fiscal, Vouchers and Program sections to analyze local staff salary survey and time studies and make recommendations for changing staffing patterns and job responsibilities of local nutrition staff.

In process. The salary survey is completed and the state agency has begun making recommendations for changing local agency staffing patterns and job responsibilities.

- C. Provide outreach to assist local programs in hiring nutrition professionals.

In process. Outreach to seventy-five colleges and universities with nutrition departments was conducted in November, 1987 and April, 1988, and outreach discussions were held at three local internship/nutrition departments. The State Nutrition Coordinator has assisted in the recruitment of twenty local agency nutrition professionals to date.

5. Institute system changes to improve nutrition services and cost-effectiveness.

A. Implement a food tailoring system compatible with the existing EDP system to provide more individualized food packages.

1) Test and implement a food tailoring system at local programs.

Completed. The system was field tested and revised in July, 1987 and implemented in March, 1988.

2) Provide statewide training on the food tailoring system for each local program job category.

Completed. The following inservice trainings were held:

| | | |
|-----------------|--|--------|
| November, 1987: | Senior Nutritionists/ Program Nutritionists/ Program Directors | Boston |
|-----------------|--|--------|

| | | |
|-----------------|---|--------|
| December, 1987: | Nutrition Assistants/ Program Assistants | Boston |
|-----------------|---|--------|

| | | |
|--|-------------------|--------|
| | PPP Nutritionists | Boston |
|--|-------------------|--------|

| | | |
|--------------|---------------|---------|
| March, 1988: | All WIC Staff | Holyoke |
|--------------|---------------|---------|

| | | |
|--|---------------|--------|
| | All WIC Staff | Boston |
|--|---------------|--------|

| | | |
|--|----------------------------------|-------------|
| | East Boston WIC Program staff | East Boston |
|--|----------------------------------|-------------|

3) Evaluate and modify implemented tailoring system for program efficiency.

In process. This activity will extend into FY 89 as data regarding required modifications becomes available.

B. Collaborate with the Fiscal and Vouchers sections to institute a system for reducing the food package cost for infant formula.

In process.

C. Develop three self-training modules for new local program nutrition staff to improve compliance scores for certification procedures.

Completed. Four "Instruction Guides for Assessment and Certification" (of prenatal women, postpartum women, infants, and children) were developed and distributed.

D. Ensure accurate collection of participant data.

- 1) Collaborate with the Systems, Program, and Vouchers sections, and the Office of Nutrition, to revise input forms to include nutrition surveillance.

In process. Nutrition staff are working with the MIS Project Director to develop nutrition surveillance data items for new MIS.

- 2) Collaborate with Office of Nutrition and PPP staff to develop standard protocols for collecting anthropometric measurements.

In process. WIC nutrition staff, Office of Nutrition surveillance staff, and the PPP nutritionist are currently collaborating on this protocol. Upon completion, staff from the Office of Nutrition will train local program staff at each agency. Proposed time line is the end of FY 88.

E. Improve coordination of service delivery and inservice training for local nutrition staff with the PPP nutritionist and Office of Nutrition.

- 1) Field test models for coordination at local programs.

Completed. Two models for coordination were field tested and a draft of recommended procedures has been prepared. Proposed procedures will be presented to local program nutritionists in May, 1988.

- 2) Develop a referral protocol for WIC and PPP.

In process. A referral form has been drafted. Proposed deadline for completion is the end of FY 88.

- 3) Plan and implement joint inservices for PPP and WIC nutritionists.

In process. An inservice for WIC/PPP/Office of Nutrition professional staff is scheduled for May, 1988.

F. Collaborate with Program and Vouchers to complete local program monitoring and technical assistance in nutrition and nutrition education.

In process. All local programs will be evaluated by September, 1988 and technical assistance will be provided as needed.

In addition, the following activities were undertaken in FY 88:

- A second edition of the Prenatal Manual was edited.
- Nutrition questionnaires for children and prenatal women were redrafted. The nutrition questionnaire for children is currently being translated into Spanish, Portuguese, French, Cambodian and Vietnamese.
- The State Nutrition Coordinator chaired the Education Committee of the Healthy Mothers/Healthy Babies Coalition.
- In-depth technical assistance on certification and nutrition education was provided to the following local WIC programs: Berkshire, Upham's Corner, Malden/Revere, Athol, and Worcester.
- A "Making Baby Foods" pamphlet was produced for local program use.
- A policy on adolescent nutrition was drafted in collaboration with MCH.
- A pilot study was implemented in collaboration with the Offices of Nutrition and Statistics and Evaluation to survey severe pediatric undernutrition (SPUN) in Berkshire County, Roxbury and North Dorchester.
- Standardized criteria for identifying high-risk participants statewide were developed.

REVIEW OF FISCAL YEAR 1988 GOALS AND OBJECTIVES

FISCAL

The primary Fiscal objectives for FY 88 were:

1. To insure appropriate, accurate and timely funds disbursement for contracted services.
 - A. Prepare and monitor transfer of weekly drawdowns of federal funds.

Ongoing. Drawdowns of federal funds are prepared and monitored on a weekly basis.
 - B. Prepare 498 reports for timely submission; modify computerized system as required.

Ongoing. Monthly reports are prepared using a computerized system.
 - C. Complete standard property management/inventory procedures in local agencies.

In process. Inventory procedures were developed, and data is currently being compiled and entered on the state agency microcomputer. Expected completion date is the fall of 1988.
 - D. Begin a local agency workgroup to study the implications of converting WIC local agencies to unit contracts, and collaborate with DPH Central Contract and Rate Setting Commission staff on this issue.

Ongoing. A workgroup was established with a cross section of representatives from local agencies. Progress was made in identifying service units and variables to be used in the fiscal analysis of the costs. Collaboration with the Rate Setting Commission greatly enhanced the process, and a timetable to develop and support a reasonable rate was established with the Rate Setting Commission.
 - E. Negotiate and implement a bank contract based on the results of the Banking Service RFP.

Three responses to the RFP document were received and evaluated by a formal selection board chaired by the Assistant Director for Fiscal and Systems. The award was made to Key Bank, N.A., New York and contract negotiations are underway. It is anticipated that services with Key Bank will begin in September, 1988 following a 60-day test period in the summer of 1988.

- F. Initiate writing of fiscal operating procedures for contracted services which incorporate rules, regulations and requirements of USDA, the Commonwealth of Massachusetts, and the WIC Program.

Ongoing. A series of memos detailing fiscal operating procedures were developed and distributed.

- 2. To maintain and refine internal systems for recording and projecting state agency fiscal activities.

- A. Conduct monthly analyses of expenditures and allocations and, when appropriate, make line item adjustments to the budget or modify operations accordingly.

Ongoing. Monthly analyses are now done by computer and new spread sheets were developed for fiscal analyses. The internal accounting system and the monthly USDA/NERO report were also computerized.

- B. Monitor property management/inventory control procedures at the state agency.

Ongoing. Procedures have been developed and are being refined.

- C. Monitor new system for projecting and tracking food package costs and modify as necessary.

Ongoing. The system is monitored on a regular basis and modified as necessary.

- D. Monitor new WIC automated accounting system and modify as necessary.

Ongoing. The automated accounting system is monitored regularly and modified as needed.

- E. Initiate writing of operating procedures for WIC state agency fiscal activities.

Ongoing. Memos detailing operating procedures were developed.

- 3. To monitor food costs in conjunction with the Nutrition and Vouchers sections to provide optimal nutritional benefits at a reasonable cost.

- A. Implement and monitor the automated system of food package cost identification by priority and category and modify as necessary.

Ongoing. The microcomputer provides fiscal staff with information on food package costs adjusted for changes in food package size, type, and distribution.

- B. Collaborate with the Program section to develop and implement a revised system of counting participation on a monthly basis by priority and target population.

Ongoing. The system for counting participation is being refined and modified as necessary.

- C. Provide the Vouchers section with the highest possible prices for each voucher type to assist the bank in screening for overpriced vouchers.

Ongoing. This system has proven extremely helpful in screening for overpriced vouchers.

4. To assess the results of the FY 87 local agency salary survey conducted by the Fiscal unit.

- A. Collaborate with the Program and Vouchers sections to analyze the results of the local agency salary survey and the program and nutrition time study.

Completed. FY 87 and 88 salary studies were analyzed and contracts for these years were reviewed to determine how expansion funds affected salary upgrading.

- B. Make recommendations for changing staffing patterns and salary schedules at the local level.

Completed. Guidelines on staffing patterns and salary schedules have been provided to local programs. This information will be provided to DPH management for budget purposes.

Additional activities undertaken in FY 88 include:

- Research and evaluation in the initial development of an infant formula price enhancement initiative to reduce the cost of infant formula to the WIC Program.

REVIEW OF FISCAL YEAR 1988 GOALS AND OBJECTIVES

VOUCHERS

The primary Vouchers objectives for FY 88 were:

1. To broaden accessibility of WIC services through the implementation of a statewide protocol for mailing vouchers to participants in hardship cases.
 - A. Begin pilot project in July, 1987 with three local WIC programs.

Completed. The pilot project was conducted at four local programs and proved very satisfactory to both staff and participants.
 - B. Evaluate project in April, 1988.

Completed.
 - C. Implement resulting protocol statewide by July, 1988.

In process. Voucher mailing procedures will be implemented statewide by July, 1988 and subsequently monitored.
2. To increase voucher accountability.
 - A. Reduce total cash errors, participants not on masterfile, multiple issuance, and dual participation by 10% from July, 1987 to June, 1988.

Completed. Calculation of these reductions is complicated by keypunch service problems. The best available figures as of May, 1988 are:

 - Cash errors: reduced 53% from 7/87 to 12/87
 - Participants not on masterfile: actual figures cannot be calculated due to high volume of keying errors (especially in keying program site numbers on which PNMf is based).
 - Multiple issuance: 7/87 figures not available; reduced 25% from 9/87 to 12/87.
 - Dual participation: actual statewide occurrence increased from 0 in 7/87 to 2 in 12/87 - i.e., to .00003 of active caseload.

- B. Implement a void verification procedure to verify the disposition of 3,500 vouchers per month, beginning October 1, 1987, and monitoring as needed.

Planning was completed for this procedure but could not be implemented due to lack of programming resources.

- C. Ensure that all local programs identify and return undistributed vouchers weekly.

Ongoing. Food delivery staff routinely monitor voucher reconciliation figures to ensure that this is occurring.

3. To collaborate with Systems staff in developing the new Management Information System to ensure streamlined data processing and more timely, accurate and comprehensive reports.

Ongoing. Food Delivery staff serve on the MIS Steering Committee, review draft MIS documents, and consult frequently with the the MIS Project Director.

4. To conduct a feasibility study of bimonthly voucher distribution (every two months) in order to diminish barriers to participation and increase local program staff productivity.

Ongoing. Other states currently distributing vouchers bimonthly were contacted, their systems were reviewed and discussed in depth by the Food Delivery Work Group and WIC management staff, and programming issues have been investigated by MIS staff. The project appears feasible based on all information to date, and further planning is underway.

Additional activities undertaken in FY 88 include:

- Collaboration with Nutrition and Systems on the development of the new food package tailoring system.
- Collaboration on new participant and manual voucher input forms and production of new reports based on these forms.
- Work on the development of the RFP for banking services, including design of new procedures and participation on the Selection Board.
- Improvement of the food voucher, including the development of a food list in Spanish.

REVIEW OF FISCAL YEAR 1988 GOALS AND OBJECTIVES

VENDORS

The primary Vendors objectives for FY 88 were:

1. To increase communication with vendors.

- A. Consult with representatives of vendors such as the Massachusetts Food Association at least every two months to obtain 1) vendors' input on current procedures and new initiatives, and 2) any other suggestions from vendors about WIC operations.

Ongoing. WIC staff are in regular contact with the Massachusetts Food Association and have made a presentation to its Board of Directors.

- B. Make at least two contacts with each WIC vendor, by questionnaires, vendor visits and/or telephone calls, to determine existence of any problems from the vendor's perspective, and to follow up on problems as appropriate.

Ongoing. All vendors received 3 notices about WIC issues, the new shelf labels designating WIC foods, and a supply of postcards for comments, complaints and orders of WIC materials. All vendors who returned the postcards were contacted by telephone or letter. In addition, local program staff were encouraged to contact all vendors to discuss any questions or problems.

- C. Provide one additional contact, by visit or telephone, to each local WIC program director regarding vendor issues, in addition to reviewing vendor issues during the annual site visit.

Completed. All Program Directors were contacted in regard to vendor issues, and vendor issues are being addressed in all FY 88 site visits.

2. To increase vendors' compliance with WIC requirements by investigating at least five high-risk vendors four times per year, and sanctioning as necessary.

Ongoing. 42 vendors were investigated, 20 received more than one compliance buy, and an additional 22 investigations are planned. 4 vendors were disqualified and approximately 15 more disqualifications are underway.

3. To review the vendor system to determine areas where centralization could increase effectiveness and efficiency.

Completed. A Vendor Feasibility Study was conducted resulting in the centralization of Quarterly Price List procedures, contract expiration notifications, and distribution of contract applications. (See #6 below for information on 3-year vendor contracts.)

4. To implement systems for recording all funds saved by monitoring vouchers submitted for payment, and converting 50% of such funds to administration funds.

Completed. All food delivery activities necessary for implementation were completed and fiscal procedures are being developed.

5. To expand the automated vendor information system (AVIS) to enable at least partial analysis of voucher prices in relation to quarterly price list data.

In process. The cost of keying vendor price lists for comparison with actual voucher prices was investigated and food delivery staff have begun discussing with a microcomputer programmer the feasibility of conducting this analysis.

6. To review existing vendor application procedures to determine feasibility of multi-year contracts and master contracts for multiple-store vendors.

Completed for multi-year contracts. Implementation of three-year contracts will begin in FY 89. The feasibility of master contracts for multiple-store vendors will be investigated in FY 89.

Additional activities undertaken in FY 88 include:

- Production of shelf labels for all WIC approved foods and vendor comment/complaint postcards; distribution to all vendors.
- Development of a microcomputer system for tracking receipt of quarterly price lists and sanction points given for non-receipt, in collaboration with Systems.
- Development of a new form for vendor visits by local program staff.

REVIEW OF FISCAL YEAR 1988 GOALS AND OBJECTIVES

SYSTEMS

The primary Systems objectives for FY 88 were:

1. To improve the quality and integrity of WIC data.
 - A. Begin service provision with data entry vendor selected through a competitive bid process conducted in FY 87.

Completed.
 - B. Initiate use of revised participant, vendor and manual voucher input forms which maximize the use of critical fields.

Completed.
 - C. Refine the WIC system edit to reject input with errors in critical fields.
 - 1) Conduct a review of data in all fields and correct as needed.

Completed.
 - 2) Review and rewrite edits in order to tighten up on data fields.

Completed.
 - D. Collaborate with Program and Nutrition on revising input forms to include nutrition surveillance.

In process. A revised input form which includes data for an integrated nutrition surveillance system will be considered in the spring of 1989 in conjunction with a DPH nutrition surveillance initiative.
2. To resolve system deficiencies and continue development of a new and improved WIC management information system in collaboration with the MIS Steering Committee.
 - A. Continue to implement any short term changes which improve the current system and which can be implemented without major programming changes.

Ongoing. The current EDP system was maintained and improvements which were both necessary and practical were completed. The major modification made during FY 88 was the implementation of a system for tailoring food packages which included revised input forms. Programming changes were also made for the new nutritional risk criteria.

- B. Complete user requirement report to document needs for the new system.

Ongoing. See #2.C below.
 - C. Develop a comprehensive work plan.

Ongoing. See ADMINISTRATION AND MANAGEMENT, #2.A.
3. To collaborate with the Vouchers, Fiscal, Program and Nutrition sections on initiatives involving Systems.
- A. Monitor system to project food package costs and modify as necessary.

Ongoing. The system was monitored on a regular basis and modified as necessary.
 - B. Implement use of system designed to project and monitor food cost changes associated with tailoring.

Completed.
 - C. Refine caseload monitoring and management system.

Ongoing. The system for counting participants is refined and modified as necessary.

Additional activity undertaken in FY 88:

- Collaboration with Vendors on the development of a microcomputer system for tracking receipt of quarterly price lists and sanction points given for non-receipt.

FISCAL YEAR 1989 GOALS AND OBJECTIVES

INTRODUCTION

Massachusetts state WIC activities are defined in seven major areas: Administration and Management, Program, Nutrition, Fiscal, Vouchers, Vendors, and Systems. The box at the top of each section's Goals and Objectives identifies the primary focus for the section, which is supported by its FY 89 objectives.

Massachusetts WIC's overall focus for FY 89 will be the improvement of the program in order to maintain the level and cost-effectiveness of service and benefits and, within the context of available funds, to provide services to the greatest number of eligible persons for the greatest possible nutritional and health care outcome. Initiatives will emphasize:

- Expanding participant access to services.
- Increasing service capacity at local programs.
- Enhancing nutrition education activities.
- Improving management systems throughout the program.
- Expanding referral mechanisms with other health and human service programs.
- Enhancing outreach activities, particularly to high risk and minority groups.

Priority activities in FY 89 will include 1) implementing a statewide policy for mailing food vouchers, 2) ensuring the provision of culturally-appropriate nutrition education, 3) developing and implementing bimonthly distribution of food vouchers, 4) continuing the development and implementation of a new management information system, 5) working with the Departments of Public Welfare, Social Services, and Public Health to develop and implement referral mechanisms and training protocols, and 6) developing and implementing an infant formula price enhancement system.

The goal for state FY 89 statewide monthly participation will be approximately 70,350 individuals, to be jointly funded by federal and supplemental state funds. Services and benefits will be provided to:

- 14,070 women, 17,590 infants, and 38,690 children
- 47.5% of the eligible population (based on a March, 1987 estimate of 148,059 eligibles).

This number includes approximately 57,815 participants to be served with federal funds. The federal caseload is based on the following assumptions:

- a 4.5% increase in the allocation for food
- a 3.07% increase in the allocation for operations
- a 3.86% increase in cost of the average food package.

If any of these factors changes, an adjustment will be made in the number of participants to be served.

FISCAL YEAR 1989 GOALS AND OBJECTIVES

ADMINISTRATION AND MANAGEMENT

To provide leadership within the WIC system in order to maximize the effectiveness of the delivery of WIC services across Massachusetts.

The primary Administration and Management objectives for FY 89 are:

1. To provide WIC services to 70,350 participants each month in their communities across the state by the end of state FY 89.
 - A. Continue to coordinate WIC outreach and referrals with other health and social services at the state and local level, particularly with regard to high priority, high risk participants.
 - B. Monitor caseload activity and distribution among catchment areas.
 - C. Increase capacity to service participants at the local program level, including FTEs and staff salaries, within budgetary constraints.
 - D. Expand participant access to services.
 - E. Coordinate activities within the Department of Public Health, particularly with regard to programs serving women, infants and children in the Bureaus of Health Promotion Sciences and Community Health Services.
2. To improve the efficiency, accountability and usefulness of the EDP system to enhance program management.
 - A. Pursue development and implementation of a new, revised EDP system as recommended by the MIS Task Force.
 - B. Continue maintenance of current EDP system with modifications as necessary and practical.

3. To assure the effective operation of the state agency staff.
 - A. Continue promotion of collaboration and coordination among program components.
 - B. Carry out annual performance evaluations for all state WIC agency staff and managers.
 - C. Hire staff to fill funded vacancies as they occur.
4. To further strengthen communication with participants, local WIC programs and interested citizens.
 - A. Utilize statewide WIC Advisory Council of citizens, participants, local program staff, and elected and appointed state officials to provide continued review, advice and advocacy.
 - B. Maintain state agency internal meeting structure to facilitate regular flow of information and integration of program components.
 - C. Continue working committees and regular business meetings to enhance input from and exchange of information with local programs and ensure continuation of an effective, working relationship between local WIC programs and the state WIC office. (See attachment.)

Massachusetts WIC Program

FY 89 MEETING SCHEDULE

| | | | |
|----------------------|---------------------------------------|-----------|-------|
| <u>OCTOBER, 1988</u> | New Staff Training | Thursday | 10/6 |
| | | Friday | 10/7 |
| | | Thursday | 10/12 |
| | WIC/MCH Business Meeting/Inservice | Friday | 10/28 |
| <u>NOVEMBER</u> | WIC Advisory Council | Tuesday | 11/29 |
| <u>DECEMBER</u> | Business Meeting and holiday pot-luck | Friday | 12/16 |
| <u>JANUARY, 1989</u> | WIC Advisory Council | Tuesday | 1/24 |
| <u>FEBRUARY</u> | Business Meeting | Friday | 2/3 |
| | NAWD conference, Washington D.C. | Wednesday | 2/8 |
| | | Thursday | 2/9 |
| | | Friday | 2/10 |
| | | Saturday | 2/11 |
| <u>MARCH</u> | WIC/MCH Inservice | Friday | 3/3 |
| | New Staff Training | Thursday | 3/9 |
| | | Friday | 3/10 |
| | | Thursday | 3/16 |
| | WIC Advisory Council | Tuesday | 3/28 |
| <u>APRIL</u> | Business Meeting | Wednesday | 4/5 |
| | Program Asst/Nutrition Asst Inservice | Thursday | 4/13 |
| | WIC Advisory Council | Tuesday | 4/25 |
| <u>MAY</u> | Business Meeting | Wednesday | 5/10 |
| | WIC/MCH Inservice | Thursday | 5/25 |
| | WIC Advisory Council | Tuesday | 5/20 |
| <u>JUNE</u> | New Staff Training | Wednesday | 6/7 |
| | | Thursday | 6/8 |
| | | Friday | 6/9 |
| | Business Meeting | Thursday | 6/15 |
| | WIC Advisory Council | Tuesday | 6/27 |
| <u>SEPTEMBER</u> | Business Meeting | Wednesday | 9/13 |
| | Nutrition Asst/Program Asst Inservice | Wednesday | 9/20 |
| | Advisory Council | Tuesday | 9/26 |

7/29/88

FISCAL YEAR 1989 GOALS AND OBJECTIVES

PROGRAM

To assure appropriate, quality service to all participants based on federal regulation and state guidelines.

The primary Program objectives for FY 89 are:

1. To maintain efficient, effective delivery of appropriate benefits to 70,350 participants.
 - A. Monitor local program active caseload each month to ensure maximum utilization of assigned caseload. Provide appropriate technical assistance to local agencies and recommend mid-year reallocation as necessary.
 - B. Collaborate with Systems and Vouchers sections to develop and implement bimonthly distribution of food vouchers.
 - C. Continue collaborative planning with Systems, Nutrition and Vouchers to develop a new MIS system.
 - D. Monitor food costs in conjunction with Nutrition, Vouchers and Fiscal to ensure the provision of optimal nutritional benefits reasonable costs.
 - E. Collaborate with other program components on the development and implementation of an infant formula price enhancement system.
2. To coordinate WIC outreach activities with health and social service agencies that service high risk, WIC eligible populations.
 - A. Monitor progress of FY 89 High-Risk Outreach Plan activities during management evaluations to ensure that local programs are targeting high-risk populations with an emphasis on adolescents, minorities (including Indians), and recent immigrants. Conduct final evaluation of objectives in June, 1989.
 - B. Continue to coordinate outreach and referrals with other DPH programs servicing similar populations, particularly the Office of Nutrition, the Pediatric and Prenatal Program and other Health Center Primary Care Programs in the Bureau of Community Health Services, and the Child and Adolescent Programs division of the Bureau of Health Promotion Sciences.

- C. Continue collaborative efforts with the Department of Public Welfare (DPW) to facilitate prompt enrollment of WIC-eligible DPW prenatal clients through continued mailings of WIC materials and the use of DPW Health Choices Advisors.
 - D. Assist the Department of Public Health's Office of Nutrition in developing a revised RFP for implementing a coordinated nutrition outreach program.
 - E. Continue collaborative efforts with the Department of Social Services (DSS) to ensure referrals of eligible DSS clients to community WIC programs.
 - F. Collaborate with Nutrition section to develop policies and procedures for WIC/Medicaid coordination.
3. To standardize efficient, effective local program operations.
- A. Collaborate with the Nutrition and Vouchers sections in evaluating all local programs to ensure efficiency and accuracy in eligibility determination and processing standards and in the provision of appropriate nutrition education, food vouchers, and referrals.
 - B. Collaborate with the Nutrition and Vouchers sections to provide three training sessions for new local program staff.
 - C. Revise the Procedure Manual as necessary to reflect new state agency policies and procedures designed to increase the effectiveness and efficiency of local program operations.
 - D. Secure laboratory licensure for all local WIC programs to ensure that bloodwork requirements for certification are met for all program participants.
 - E. Assess current statewide no-show rates for appointments and participation and determine acceptable standards for different types of no-shows. Provide technical assistance to local agencies whose rates exceed the standards.

FISCAL YEAR 1989 GOALS AND OBJECTIVES

NUTRITION

To assure appropriate determination of nutritional risk, nutrition assessment, nutrition counseling and education to all WIC participants.

The primary Nutrition objectives for FY 89 are:

1. To maintain special projects established to promote positive changes in nutritional status of participants.
 - A. Increase the incidence and duration of breastfeeding among postpartum WIC participants.
 - 1) Publish the Breastfeeding Study.
 - 2) Monitor local programs' compliance with statewide breastfeeding policy.
 - B. Ensure the provision of culturally-appropriate nutrition education to all participants.
 - 1) Monitor minority caseload by program to provide appropriate culturally-specific information and staffing recommendations to local programs.
 - 2) Monitor integration of SEA nutrition staff in local programs and provide technical assistance.
 - 3) Provide information and training to local programs concerning high risk immigrant groups in the WIC-eligible population.
 - 4) Provide information on the benefits of early prenatal care to SEA participants through SEA Nutrition Assistants in order to increase early enrollment of SEA women in prenatal care.
 - 5) Gather statewide figures on participation among the Haitian population. Provide cultural inservices and training on Haitian cultural food habits.
 - 6) Increase the WIC Program's ability to provide culturally appropriate nutrition education to high risk immigrant groups.

2. To enhance the quality of nutrition education by developing nutrition policy at the state agency level.
 - A. Collaborate with the AIDS Task Force and nutritionists from the Office of Nutrition and the Pediatric and Prenatal Program to develop a statewide AIDS/ARC policy.
 - B. Collaborate with the Adolescent Health Task Force and nutritionists from the Office of Nutrition and the Pediatric and Prenatal Program to finalize and implement a statewide policy on adolescent prenatal nutrition.
 - C. Collaborate with the Healthy Mothers/Healthy Babies Coalition and the Breastfeeding Task Force to develop breastfeeding education materials for health care providers.
- 3. Institute system changes to improve nutrition services and cost effectiveness.
 - A. Collaborate with the Systems and Vouchers sections to evaluate the food package tailoring system and modify as necessary, based on local program recommendations.
 - B. Establish protocols for group education/certification and provide technical assistance for implementation to local agencies.
 - C. Establish systems for developing, implementing and evaluating client nutrition care.
 - 1) Develop a statewide competency-based protocol for training paraprofessionals as CPAs.
 - 2) Develop nutrition care protocols for nutritional risk standards.
 - 3) Develop and implement a training plan including new staff training and continuing education credits for CPA and WIC/MCH nutrition inservices. Coordinate WIC and MCH nutritionist inservices.
 - D. Collaborate with Program section to enhance referral mechanisms and coordination strategies with other health and human service programs.
 - E. Enhance the quality of nutrition services by collaborating with the Program and Vouchers sections on local program monitoring and technical assistance in nutrition and nutrition education.
 - F. Continue to collaborate with the Systems, Program and Vouchers sections to implement a new MIS system.

- G. Collaborate with other program components on the development and implementation of an infant formula price enhancement system.
- H. Monitor food costs in conjunction with Fiscal, Program and Vouchers to provide optimal nutritional benefits at a reasonable cost.

FISCAL YEAR 1989 GOALS AND OBJECTIVES

FISCAL

To ensure timely and accurate receipt, disbursement and accounting of all funds used to support WIC services throughout Massachusetts.

The primary Fiscal objectives for FY 89 are:

1. To insure proper, precise and timely disbursement of funds for contracted services.
 - A. Prepare and monitor transfer of weekly drawdowns of federal funds.
 - B. Prepare 498 reports for timely submission; continue to refine computerized system.
 - C. Maintain standard property management/inventory procedures in local agencies.
 - D. Continue working with Class Rate Work Group and Rate Setting Commission to develop a reasonable class rate. Hold hearings in the spring of 1989, if approved by the Department of Public Health and the Rate Setting Commission.
 - E. Implement and monitor new banking services contract.
 - F. Implement and monitor FY 89 local agency contracts and amendments.
 - G. Provide technical assistance to local agencies on fiscal and contractual issues affecting the support of direct services and other program operations.
2. To sustain internal systems for recording and projecting state agency fiscal activities, and modify as necessary.
 - A. Continue monthly analyses of expenditures and allocations and make line item adjustments to the budget or modify operations as necessary.
 - B. Monitor property management/inventory control procedures at the state agency.
 - C. Monitor the system for projecting and tracking food package costs, and modify as necessary.

- D. Maintain and refine WIC automated accounting system.
 - E. Amend written operating procedures for WIC state agency fiscal activities as mandated by policy and procedural changes.
3. To monitor food costs in conjunction with the Program, Nutrition and Vouchers sections to provide optimal nutritional benefits at a reasonable cost.
- A. Monitor the automated system of food package cost identification by priority and category, and modify as necessary.
 - B. Maintain a system of counting participation on a monthly basis by priority and target population, and modify as necessary.
 - C. Maintain system for projecting and tracking food package costs.
4. To sustain the analyses and monitoring of local program budgets, obligations and expenditures.
- A. Utilize budget and expenditure report analyses to make recommendations on local agency budgets and salary schedules.
 - B. Update FY 88 salary study with FY 89 budget data, and develop reasonable marketplace salary levels for comparison with WIC positions.
5. To continue developing an infant formula price enhancement system and a feasible timetable for its expeditious implementation.
- A. Continue to explore the significant impact of this system on WIC operations by tracking progress in other states and analyzing federal regulations and guidelines.
 - B. Collaborate with Department of Public Health staff to plan for implementation of infant formula price enhancement system in FY 89.

FISCAL YEAR 1989 GOALS AND OBJECTIVES

VOUCHERS

To provide timely and accurate food vouchers and effective management reports for 70,350 participants and to maintain accountability of vouchers.

The primary Vouchers objectives for FY 89 are:

1. To enhance participant access to services.
 - A. Design, test and implement bimonthly production and distribution of food vouchers (i.e., every two months) in order to reduce local program workload.
 - B. Monitor the implementation of a statewide protocol for mailing vouchers to participants in hardship cases.
2. To increase local program service capacity by improving management systems.
 - A. Continue collaborating with the Systems section on the development of a new WIC management information system.
 - B. Facilitate local program use of monthly management reports by adding the food package number to voucher-related reports, e.g. cash error and multiple issuance.
3. To collaborate with other program components on reducing the cost of infant formula through the development of an infant formula price enhancement system.

FISCAL YEAR 1989 GOALS AND OBJECTIVES

VENDORS

To deliver food cost-effectively to WIC participants through well-enforced agreements with retail food stores, pharmacies and dairies.

The primary Vendors objectives for FY 88 are:

1. To increase local program service capacity by improving the vendor contract system.
 - A. Implement new vendor contracting procedures for the second year of a three-year contract cycle.
 - B. Contact every program director at least once in addition to the annual site visit to discuss vendor issues and solve problems.
2. To enhance the WIC vendor system regarding voucher processing.
 - A. Collaborate with the WIC banking service on improved voucher processing procedures and reports.
 - B. Augment microcomputer systems for assigning and tracking vendor sanctions, e.g., for overcharges on vouchers.
3. To collaborate with other program components on reducing the cost of infant formula through the development and implementation of an infant formula price enhancement system.

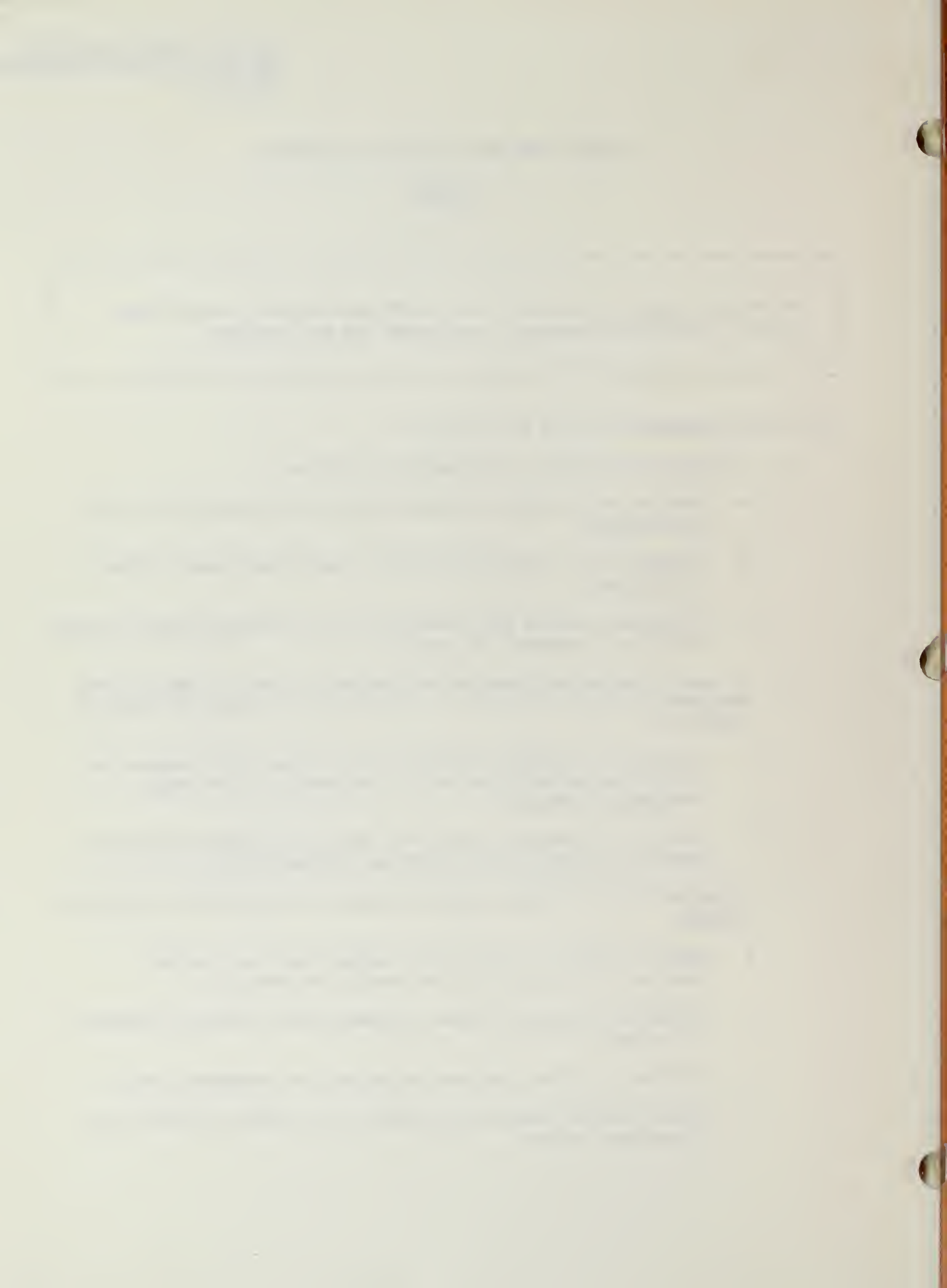
FISCAL YEAR 1989 GOALS AND OBJECTIVES

SYSTEMS

To provide timely and accurate data on WIC participants, vouchers and funds to facilitate management, accountability and planning.

The primary Systems objectives for FY 89 are:

1. To improve the quality and integrity of WIC data.
 - A. Monitor and continue to improve service provision with new data entry vendor.
 - B. Monitor use of revised participant, vendor and manual voucher input forms.
 - C. Continue to refine WIC system edits in collaboration with Program, Nutrition, Vouchers, and Vendors.
2. To resolve system deficiencies and develop of a new and improved WIC management information system in collaboration with the MIS Steering Committee.
 - A. Continue to implement any short term changes which improve the current system and which can be implemented without major programming changes.
 - B. Continue collaboration with DPH, BSPP and USDA/NERO management staff on new MIS system design and implementation.
3. To collaborate with other program components on initiatives involving Systems.
 - A. Monitor system to project food package costs and changes associated with tailoring, and modify as necessary.
 - B. Design and implement system programming for bimonthly production of vouchers.
 - C. Continue to refine caseload monitoring and management system.
 - D. Develop system changes associated with an infant formula price enhancement system.



Massachusetts WIC Program

PROCEDURE MANUAL



THE COMMONWEALTH OF MASSACHUSETTS
Department of Public Health, Division of Family Health Services
Maternal and Child Health

Massachusetts WIC Program STATE PLAN

SECTION 2: Procedure Manual

STATE PLAN

Section 2: Procedure Manual

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THE STATE PLAN

THE STATE PLAN IS THE COMPLETE PLAN OF OPERATIONS FOR THE MASSACHUSETTS WIC PROGRAM AT THE STATE AND LOCAL LEVELS. IT HAS THREE MAJOR SECTIONS:

1. STATE AGENCY GOALS AND OBJECTIVES
2. PROCEDURE MANUAL
3. STATE AGENCY OPERATIONS

KEEP YOUR STATE PLAN UPDATED AS DIRECTED BY THE STATE AGENCY.

KEEP YOUR STATE PLAN READILY ACCESSIBLE FOR USE BY ALL YOUR STAFF.

USING THE TABLE OF CONTENTS

Each section of the State Plan is listed in the Table of Contents. All numbers and letters identifying the section in the Table of Contents are repeated on the top right corner of the corresponding page(s) in the text.

For example, if you want to find the Mandatory Minimum for food vendors, look it up in the Table of Contents and note all the numbers and letters which identify it:

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B. Vendor System

4. Vendor Selection

b. The Mandatory Minimum

Then in the text, find the page labeled:

PART V: FOOD DELIVERY
SECTION B.4b
PAGE: 1
DATE: 7/87

Each page label lists the date that the page was last amended. The Date of last revision date in the Table of Contents tells you the amendment date of the most recently amended page in the section.

UPDATING THE STATE PLAN

Frequently, the state WIC office will send out policy changes in the form of a State Plan amendment, with a revised Table of Contents page. Make sure you insert these updates into your Procedure Manual promptly so it will always be up to date. Make a copy of the update for each Procedure Manual at each of your sites.

SECTION 1: STATE AGENCY GOALS AND OBJECTIVES

SECTION 1 OF THE STATE PLAN DETAILS THE STATE AGENCY'S GOALS AND OBJECTIVES FOR THE COMING FISCAL YEAR FOR EACH COMPONENT: NUTRITION, PROGRAM, FISCAL, VOUCHERS, VENDORS, AND SYSTEMS.

SECTION 1 ALSO REVIEWS THE STATE AGENCY'S GOALS AND OBJECTIVES FOR THE PREVIOUS YEAR.

Public Hearings are held each year to give interested persons an opportunity to comment on the State Plan, especially the state agency's goals and objectives.

SECTION 2: THE PROCEDURE MANUAL

THE PROCEDURE MANUAL DETAILS THE POLICIES AND PROCEDURES INVOLVED IN THE SUCCESSFUL OPERATION OF A LOCAL WIC PROGRAM.

The Procedure Manual is a reference document which details the federal regulations and state requirements for running a local WIC program. Use it to determine the requirements and to develop procedures for ensuring your program's compliance with them.

STRUCTURE OF THE PROCEDURE MANUAL

- I. THE STATE PLAN Explains the State Plan and defines the terms used in it.
- II. THE STATE WIC OFFICE Outlines the purpose, components and staff of the state WIC office.
- III. PROGRAM DEVELOPMENT Details procedures for setting up a local WIC program and describes the local program's relationships with its sponsoring agency and its community. Sections include:
 - o Outreach
 - o Relationships with Health Care Providers
 - o Civil Rights
 - o Sites
 - o Staff Training
 - o Equipment and Services
- IV. PROGRAM ADMINISTRATION Outlines the step-by-step process for running a local WIC program. Sections include:
 - o Nutrition Care Plan
 - o Referrals
 - o Services to Special Needs Populations
 - o Notification Requirements
 - o Terminations

V. FOOD DELIVERY Detailed instructions for operating the voucher system and for managing WIC vendors. Sections include:

- o The WIC Food Voucher
- o Maintaining the Participant Masterfile
- o Resolving Problems Identified in Voucher Reconciliation
- o Vendor Selection
- o Routine Vendor Monitoring

Although the Procedure Manual is part of the State Plan, it is also a separate document that stands on its own. You may request as many copies of the Procedure Manual as you need for your staff and sites.

FORMAT OF PROCEDURE MANUAL SECTIONS

The Procedure Manual is set up as an expanded outline, and is organized to provide you with step-by-step guidance for administering your WIC program.

Each section begins with a summary, surrounded by a box. THE INSTRUCTIONS IN THE BOXES ARE MANDATORY; THEY ARE THE BASIC RULES FOR RUNNING A LOCAL WIC PROGRAM.

The text below the boxes explains and expands on the information in the boxes, and often provides suggestions from which you can choose. Options are generally indicated with dashes or dots, while requirements are listed by number.

Use the Procedure Manual frequently. The state agency updates it often so that you will always have up-to-the-minute information on federal regulations, state requirements, and the many options you have for implementing them.

SUPPLEMENTAL MATERIAL

The following supplemental materials are produced by the state WIC office for use in conjunction with the State Plan:

- Program List Information about each local WIC program in Massachusetts, including addresses, sites, site hours, and staff.
- State Office Staff Who's Who Titles and job descriptions for all state agency staff.
- Formulas Available From the Massachusetts WIC Program Nutritional information about all formulas available.

- Instruction Guides for Assessment and Certification Detailed instructions for using the assessment and certification forms for pregnant women, postpartum women, infants and children.
- E.M.P.O.W.E.R. Instructions for evaluating nutrition education materials.
- Originals Packet Listings of all forms and form letters local programs are required to use, and clean "original" copies of materials not printed in bulk by the state WIC office.
- Guidelines for Instituting and Conducting Breastfeeding Promotion Contacts Detailed instructions for breastfeeding support.
- Training Modules for Nutrition Paraprofessionals
 - o Children on the Bottle
 - o Iron Deficiency
 - o Lead Poisoning and Prevention
 - o Overweight Kids

SECTION 3: STATE AGENCY OPERATIONS

THE STATE AGENCY OPERATIONS SECTION OF THE STATE PLAN OUTLINES PROCEDURES USED BY THE STATE WIC OFFICE TO ADMINISTER THE WIC PROGRAM IN MASSACHUSETTS.

DEFINITIONS

REFER TO THE LIST BELOW FOR DEFINITIONS OF MOST TERMS USED IN THE STATE PLAN.

FOR DEFINITIONS OF TERMS RELATED TO THE COMPUTER SYSTEM, SEE THE GLOSSARY SECTION OF THE VOUCHER SYSTEM MANUAL (PART V.A OF THIS PROCEDURE MANUAL).

Active caseload: the number of women, infants and children eligible to receive vouchers each month from a local program.

Affirmative action plan: the formal plan developed by the state WIC office to determine allocation of WIC funds according to need.

Applicant: person applying for WIC benefits.

Assigned caseload: the number of participants to be served by a local WIC program, designated by the state WIC office.

Breastfeeding woman: a woman up to one year postpartum who is breastfeeding her infant.

Catchment area: the geographic area served by a local WIC program.

Certification: the use of criteria and procedures to assess and document each applicant's eligibility for the WIC Program.

Children: persons who have had their first birthday but have not yet attained their fifth birthday.

Competent professional authority (CPA): individuals who determine nutritional risk and prescribe WIC supplemental foods as outlined in the Federal regulations. In Massachusetts, senior and program nutritionists and nutritionist/directors are CPAs. Nutrition paraprofessionals may become CPAs with authorization from the State Nutrition Coordinator.

Days: calendar days except for those time standards which specify working days.

Department: the Massachusetts Department of Public Health (DPH).

Disqualification: the act of ending the participation of an authorized WIC vendor or authorized local WIC agency, whether as a punitive sanction or for administrative reasons.

Division: the Division of Family Health Services (DFHS) within the Massachusetts Department of Public Health.

District Health Office (DHO): the office representing the Massachusetts Department of Public Health, Division of Family Health Services in each geographic region.

Dual participation: participation in more than one local WIC program and receiving benefits from each.

Federal regulations: rules governing WIC issued by the U.S. Department of Agriculture.

Fetal mortality: death occurring between 20 weeks gestation and birth.

Federal fiscal year: the period of 12 calendar months beginning October 1 of any calendar year and ending September 30 of the following calendar year.

FNS: the Food and Nutrition Service of the U.S. Department of Agriculture.

Food delivery system: the method used by the WIC Program to provide WIC supplemental foods to participants.

FTE: Full Time Equivalency, or the decimal indicating the percentage of full time employment an employee works on an annual basis. A full time employee works 1 FTE; a person working 10 hours in a 40 work week works 10/40 or .25 FTE.

Health care: ongoing, routine pediatric and obstetric services.

Income poverty guidelines: income poverty guides as adjusted annually by the federal Office of Management and Budget.

Infants: persons under one year of age.

Infant of a high risk mother: an infant up to six months of age born to a woman who was at nutritional risk during pregnancy but was not enrolled in WIC.

Local agency (LA): a public health or human service agency or a private, non-profit health or human service agency which provides health services, either directly or through contract in accordance with the Federal regulations. Generally used to refer to those agencies providing local WIC services through contract with the Department of Public Health.

Local WIC program: the programmatic unit within a local agency that directly provides WIC services to WIC participants.

Low birth weight: birth weight under 2500 grams or under 5 lbs., 8 oz.

Migrant farmworker: an individual whose principal employment is in agriculture on a seasonal basis who has been employed within the last 24 months and who establishes, for the purposes of such employment, a temporary abode.

Monthly participation: total number of women, infants and children picking up vouchers, based on the voucher issue month.

NERO: the New England Regional Office of the U.S. Department of Agriculture.

Needs assessment: a computer-generated ranking by relative need of Massachusetts cities and towns based on economic and health indicators.

Non-profit agency: a private agency which is exempt from income tax under the Internal Revenue Code of 1954, as amended.

Nutrition education: individual or group educational sessions and the provision of information and education materials designed to improve health status, achieve positive changes in dietary habits, and emphasize relationships between nutrition and health, all in keeping with the individual's personal, cultural, and socioeconomic preferences.

Nutritional risk: (1) detrimental or abnormal nutritional conditions detectable by biochemical or anthropometric measurements; (2) other documented nutritionally related medical conditions; (3) dietary deficiencies that impair or endanger health; or (4) conditions that predispose persons to inadequate nutritional patterns or nutritionally related medical conditions.

Participant: a pregnant woman, breastfeeding woman, postpartum woman, infant or child who has been certified by the WIC Program and is receiving vouchers for WIC supplemental foods.

Participation: the number of persons who have received food vouchers during the reporting period.

Pharmacy: a retail vendor of infant formula that has formally contracted with a local WIC program to redeem WIC food vouchers and provide WIC infant formulas to WIC participants.

Postpartum woman: a woman up to six months after termination of pregnancy.

Pregnant woman: a woman determined to have one or more embryos or fetuses in utero.

Priorities: the order in which the local program fills vacancies after it has reached caseload.

Program: the Special Supplemental Food Program for Women, Infants, and Children (WIC).

Repeat certification: the use of criteria and procedures to assess and document a participant's continued eligibility for the WIC Program immediately following a complete WIC certification period.

Respondent: respondent to the request for proposals (RFP).

RFP: a formal request for proposals issued by the Massachusetts Department of Public Health, Division of Family Health Services to solicit applications from local agencies to provide WIC services.

Site(s): the location(s) where WIC services are provided to participants.

State: the Commonwealth of Massachusetts.

State fiscal year: the period of 12 calendar months beginning July 1 of any calendar year and ending June 30 of the following calendar year.

State WIC office: the unit within the Department of Public Health, Division of Family Health Services which administers WIC functions throughout the State.

Termination: the act of ending the participation of a WIC participant, whether for administrative reasons or as a punitive sanction.

USDA: the United States Department of Agriculture.

Vendor - a retail food outlet or pharmacy that has a formal agreement with a local WIC program to redeem WIC food vouchers and provide WIC foods to participants.

Voucher system: a centralized computer system operated by the state WIC office which produces food vouchers for all program participants and management reports for use by local WIC programs and the state WIC office.

Waiting list: a list of women, infants and children who apply for WIC but cannot be assessed to determine eligibility because the local WIC program has reached its assigned caseload.

WIC: the Special Supplemental Food Program for Women, Infants and Children.

WIC benefits: nutrition education and counseling, supplemental foods and health care referrals.

WIC infant: an infant up to six months of age born to a woman who participated in the WIC Program while pregnant.

WIC vendor: a retail food outlet or pharmacy that has formally contracted with a local WIC program to redeem WIC food vouchers and provide WIC foods to participants.

THE STATE WIC OFFICE

THE STATE WIC OFFICE IS PART OF THE MATERNAL AND CHILD HEALTH SECTION OF THE DIVISION OF FAMILY HEALTH SERVICES WITHIN THE MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH.

THE STATE WIC OFFICE ADMINISTERS THE FUNDS GIVEN BY THE UNITED STATES DEPARTMENT OF AGRICULTURE AND THE MASSACHUSETTS LEGISLATURE TO THE DEPARTMENT OF PUBLIC HEALTH FOR RUNNING THE WIC PROGRAM.

The state WIC office is the administrative unit which supervises the provision of WIC services to participants throughout Massachusetts.

The state WIC office provides guidance, technical assistance and training to local agency staff and to local WIC program personnel for the successful administration of a local WIC program. The state WIC office also monitors local WIC program performance on an annual basis.

THE COMPONENTS OF THE STATE WIC OFFICE

UNDER THE ADMINISTRATIVE OVERSIGHT OF THE STATE WIC DIRECTOR, THE STATE WIC OFFICE HAS THREE PRIMARY SECTIONS:

1. PROGRAM AND NUTRITION
2. FISCAL AND SYSTEMS
3. FOOD DELIVERY

** The Assistant Director for Program and Nutrition oversees:

- o Maintenance of professional standards for all nutrition activity
- o Development and provision of nutrition education resources
- o Allocation and management of local program caseloads
- o Provision of technical assistance and training to local staff

** The Assistant Director for Fiscal and Systems oversees:

- o Contracting and billing for local agencies
- o Cash receipts and disbursement of food dollars
- o Policies and procedures for all electronic data processing

** The Assistant Director for Food Delivery oversees:

- o Production of food vouchers and management reports
- o Contracting of food vendors
- o Monitoring of vendor redemption patterns

See Section 3 of the State Plan for an organizational chart of the state WIC office staff.

STATE WIC OFFICE STAFF

THE "STATE OFFICE STAFF WHO'S WHO" PROVIDES YOU WITH BRIEF JOB DESCRIPTIONS FOR ALL STATE WIC STAFF TO ENABLE YOU TO ADDRESS QUESTIONS AND REQUESTS TO THE APPROPRIATE STATE STAFF MEMBER.

THIS LISTING IS UPDATED ON A REGULAR BASIS AND SENT DIRECTLY TO YOU.

1. The first part of the document is a list of the names of the persons who have been appointed to the various offices of the corporation. The names are listed in alphabetical order, and each name is followed by the office to which he or she has been appointed. The list is as follows:

| Name | Office |
|------------------|----------------|
| John A. Smith | President |
| James B. Jones | Vice President |
| William C. Brown | Secretary |
| Robert D. White | Treasurer |
| Charles E. Black | Director |
| Thomas F. Green | Director |
| Richard H. Gray | Director |
| Joseph K. Blue | Director |
| Samuel L. Red | Director |
| David M. Yellow | Director |

LOCAL AGENCY RELATIONSHIP WITH STATE AGENCY

THE STATE WIC OFFICE CONTRACTS WITH LOCAL AGENCIES TO RUN LOCAL WIC PROGRAMS.

THE LOCAL AGENCY IS RESPONSIBLE FOR ENSURING THAT THE LOCAL WIC PROGRAM IS WELL-MANAGED.

Your WIC Program may be located in a hospital, health center, community action agency or other non-profit health or human service agency.

To effectively manage the WIC program, your host agency must be able to comply with all the fiscal and operational requirements of running a WIC Program as prescribed by the state WIC office, including:

- o having a competent professional authority on staff
- o Making appropriate health services available to participants and/or informing them of other health and social services available
- o Providing the state WIC office with all required information regarding fiscal and program administration
- o Maintaining complete, accurate, documented and current accounting of all program funds received and expended.

LOCAL AGENCY RELATIONSHIP WITH LOCAL PROGRAM

YOUR LOCAL WIC PROGRAM IS AN ADMINISTRATIVE UNIT OF YOUR LOCAL AGENCY.
THE STATE WIC OFFICE DOES NOT ADMINISTER LOCAL WIC PROGRAMS.

The local agency runs the local WIC program, hires WIC staff, and provides ongoing administrative support. Both the local agency and the local program receive ongoing guidance, technical assistance and training from the state WIC office so that all Massachusetts WIC participants receive comparable, consistent, and high quality care.

The local agency is responsible for ensuring that the local program:

- o has the ability to perform certification procedures
- o provides nutrition education services to participants
- o operates the food delivery system as prescribed by the state WIC office
- o maintains on file all criteria used for certification and has them available for review, audit or evaluation
- o keeps the skills and knowledge of its staff current by requiring attendance at state-sponsored meetings, new staff trainings and inservices.
- o has a Competent Professional Authority on staff
- o keeps the focus of program operations on participant need
- o maximizes the time devoted to participant certification and education
- o designs all program activities to best serve participants.

Your local agency is required to designate an administrative person responsible for the WIC program. Generally this person is the direct supervisor of the local WIC program director and works with her/him to integrate the WIC program into local agency operations.

LOCAL PROGRAM RELATIONSHIP TO ITS COMMUNITY

MAKE EVERY EFFORT TO BECOME AN INTRINSIC PART OF THE COMMUNITY YOU SERVE.

ESTABLISHING COMMUNITY RELATIONSHIPS

- o Provide your community with notices about WIC eligibility and availability.
- o Identify and provide services to your community's WIC-eligible population.
- o Create referral/outreach networks with other agencies.
- o Participate in major community meetings, health fairs, community events, etc.
- o Establish strong relationships with health care providers in your community.

OUTREACH

OUTREACH IS THE WAY IN WHICH YOU EDUCATE YOUR COMMUNITY ABOUT THE WIC PROGRAM.

TARGET YOUR OUTREACH EFFORTS TO IDENTIFY HIGH RISK WOMEN, INFANTS, AND CHILDREN WHO MIGHT BE ELIGIBLE FOR THE WIC PROGRAM, ESPECIALLY PRENATAL WOMEN IN THEIR FIRST TRIMESTER.

Effective outreach ensures that as many people as possible know about the WIC Program and the kinds of services that the WIC Program offers.

There is no one single way to conduct outreach in your community. Use your knowledge of the area to determine the most effective means of reaching as many people as possible. Some possibilities:

- o Send WIC information pamphlets and medical referral forms to a variety of agencies throughout your catchment area, especially physicians and agencies serving WIC-eligible populations.
- o Invite representatives from different agencies and services to a WIC "open house" where you give a presentation on the WIC Program. Use the slide show produced by the state WIC office to explain WIC eligibility and benefits.
- o Send a newsletter to agencies throughout your catchment area, providing updates on the status of your local WIC program.
- o Discuss WIC on a radio program or place a PSA on a radio or TV station
- o Write an article on WIC for another human service agency's newsletter, or make a presentation at their inservice or staff meeting
- o Show the WIC slide show to church groups
- o Participate in health fairs
- o Follow any written correspondence with a phone call or a visit, making personal contact with key people working for other agencies, services or programs, such as:
 - Hospital prenatal clinics, maternity wards, social service departments, pregnancy and/or childbirth classes, teen pregnancy classes, failure-to-thrive clinics and well-baby clinics
 - MDs, especially OB/GYN and pediatric physicians

- MCH nurses and nutritionists, EFNEP
- Healthy Start, Project Good Start, Project Good Health
- Food Stamp, AFDC and Medicaid offices
- Community health centers/clinics/HMOs
- Local DPW and DSS offices
- Women's health care organizations, family planning clinics
- Healthy Mothers/Healthy Babies Coalition
- Social service agencies, CAP agencies
- Regional and local prenatal/perinatal coalitions
- Teen drop-in centers, teen clubs, high schools
- Agencies serving ethnic groups
- Community centers, service organizations
- Churches and other religious organizations
- Employment agencies, unemployment offices, social security offices
- Food pantries, community soup kitchens, emergency shelters
- Surplus food distribution centers
- Drug and alcohol treatment centers, halfway houses
- Day care centers, Head Start
- Lead poisoning prevention programs
- Nurse practitioners, nurse midwives
- Public Housing Authorities
- Public Health nurses, Visiting Nurse Associations
- City Hall
- Local Office for Children
- Women's Centers
- Schools, adult education centers
- The Salvation Army

The following materials are available from the state WIC office to assist you with outreach:

- o Several brochures and pamphlets with basic information about the WIC Program
- o Posters for placement in WIC vendors' store windows.
- o A 20-minute slideshow for potential referrent agencies.
- o An 11 x 17 poster outlining program benefits, with a space for the local program name, telephone number and address.
- o "Tell a Friend About WIC" handouts for current participants.

The statewide toll-free telephone hotline is staffed from 8:00 a.m. to 5:00 p.m. Monday through Friday for citizens, WIC participants and potential WIC participants to call for information on eligibility and local program information. Make sure that all outreach materials you produce have the hotline number on them.

RELATIONSHIPS WITH HEALTH CARE PROVIDERS

DEVELOP STRONG RELATIONSHIPS BETWEEN YOUR PROGRAM AND LOCAL HEALTH CARE PROVIDERS.

Nutrition Education

WIC participant's eating and feeding decisions are greatly influenced by their health care providers. To successfully promote optimal nutrition habits among participants, make every effort to integrate education efforts with those of the participants' physicians and nurses. Coordinating nutrition education efforts with health care providers reinforces the information each provides to participants and ensures that women receive education and support as often as possible, especially at crucial growth periods for themselves and their children.

- o Inform health care providers about the role WIC plays in providing nutrition education to pregnant and breastfeeding women, infants and children
- o Encourage providers to use WIC as a resource for nutrition education and provide them with current, accurate nutrition information

Referrals

Developing strong relationships with health care providers helps to ensure referrals to your program. Especially stress the importance of referring prenatal women early in their pregnancy.

See the BREASTFEEDING PROMOTION AND SUPPORT section of this Procedure Manual for information on helping providers to support breastfeeding.

CIVIL RIGHTS

THE WIC PROGRAM IS AN EQUAL OPPORTUNITY PROGRAM. PROVIDE WIC BENEFITS TO PARTICIPANTS WITHOUT REGARD TO RACE, COLOR, NATIONAL ORIGIN, SEX, AGE, OR HANDICAP.

You are responsible for ensuring that your program does not discriminate against applicants or participants because of their race, color, national origin, age, sex, or handicap. Use the following checklist to ensure that participants are treated in a non-discriminatory manner:

- 1) Include the USDA non-discrimination clause on all printed materials containing information about WIC benefits and eligibility which you distribute to applicants and participants. Copies of this statement in all languages are provided to you in the "Originals" packet of WIC forms and form letters.
- 2) Display the "...And Justice for All" poster prominently at all WIC sites.
- 3) Serve applicants according to WIC Program regulations on a first-come, first-served basis, if you do not have a waiting list. Determine if the system your program uses is adversely affecting minority participation.
- 4) Provide/read the Rights and Responsibilities form to participants in their native language.
- 5) Make reasonable efforts to provide bilingual/bicultural WIC services and materials to applicants and participants who cannot communicate in English.
- 6) Extend outreach efforts to include minority groups.
- 7) Make sure each participant input form is coded by racial/ethnic group as required by Federal regulation. Keep this information on file for 7 years.
- 8) Make sure that your program's participation reflects the ethnic/racial composition of your catchment area.
- 9) Make sure that your program staff reflects the ethnic/racial composition of your catchment area.
- 10) Provide civil rights training for your staff. Consult the state WIC office for technical assistance.

- 11) Inform applicants and participants of their right to file a civil rights complaint. They may direct complaints of discrimination to:

Secretary of Agriculture
Washington, DC 20250

OR

Director, Civil Rights Division
USDA/Food and Nutrition Service
Alexandria, VA 22302

and send a copy of their letter to the state WIC office.

See the NON-DISCRIMINATION (CIVIL RIGHTS STATEMENT) section of this Procedure Manual.

BARRIERS TO SERVICE

A LOCAL PROGRAM MUST IDENTIFY BARRIERS ENCOUNTERED BY THEIR COMMUNITY WHICH COULD INTERFERE WITH ACCESSIBILITY TO THE WIC PROGRAM, AND DEVELOP CREATIVE SOLUTIONS TO EFFECTIVELY ALLEVIATE THEM.

The chart below outlines some barriers to service and possible solutions.

| POTENTIAL BARRIER | SOLUTION OPTIONS |
|-------------------------------|--|
| Physical or visual impairment | <ul style="list-style-type: none">o proxieso telephone callso sign-language interpreterso mailing voucherso home visitso networking with groups providing services to this population |
| Language difficulty | <ul style="list-style-type: none">o bilingual/bicultural staffo translated materialso interpreterso networking with groups providing services to ethnic populations |
| Transportation problem | <ul style="list-style-type: none">o proxieso mailing voucherso networking with groups providing transportation services to elderly and handicapped populations |
| Homelessness | <ul style="list-style-type: none">o use address of shelter, friend, or WIC programo self-declaration of incomeo evaporated milk and ready-to-feed formula package |

SITES

PROVIDE REASONABLE ACCESS TO THE WIC PROGRAM FOR PEOPLE WHO LIVE IN YOUR CATCHMENT AREA.

PROVIDE SERVICES TO ANY AND ALL ELIGIBLE PARTICIPANTS WHO WISH TO RECEIVE SERVICES AT A PARTICULAR SITE.

MAKE AT LEAST ONE OF YOUR SITES WHEELCHAIR ACCESSIBLE.

OBTAIN APPROVAL FROM THE STATE WIC OFFICE BEFORE OPENING A SITE.

You are responsible for providing adequate coverage of your catchment area. You may need more than one site in order to provide reasonable access to WIC services for people in your catchment area.

REASONABLE ACCESS

Try to make sites accessible to everyone interested in applying to your program. At least one site must be wheelchair accessible; evaluate all your program sites annually with regard to handicap accessibility and requirements.

Program sites can be:

- for all WIC services
- for certification appointments only
- for voucher distribution only
- in more than one area of a city/town
- in more than one city/town in a catchment area
- permanent (where each site has its own records, vouchers, and staff)
- impermanent (where WIC staff bring records and vouchers each time the site is open)
- full-time (open 4-5 days a week)
- part-time (open anywhere from 3 days a week to once a month)

EVALUATING THE NEED FOR SITES

Decide whether to open a new site based upon:

1. Determination of Need

- * Your perceived participant need for alternative site locations
- * Your access to your highest risk participants
- * The adequacy of the space available at each site
- * The adequacy of public transportation services to existing sites.

2. Feasibility

- * The type of agencies in your community that would be available to host a WIC site
- * The support and cooperation of the host agency's administration
- * The availability of your WIC staff to administer multiple sites
- * The availability of funds to cover the cost of running a site

SITE APPROVAL

In order to obtain approval from the state WIC office to open a site:

1. Consider the factors outlined above.
2. Find an appropriate site location.
3. Submit a completed "Site Approval Request Form" to the state WIC office at least 2 months prior to when you anticipate opening the site. See the Originals Packet for a copy of this form.
4. Obtain written approval from the state WIC office to open the site.

EXTENDING EXISTING SITE SERVICES

If it is unfeasible to open a new site and/or the state agency has refused your request, consider extending hours and/or services at an existing site to resolve problems concerning space, staff, etc.

STAFF

YOUR PROGRAM IS RESPONSIBLE FOR HIRING ITS OWN STAFF, WITH TECHNICAL ASSISTANCE PROVIDED BY THE STATE WIC OFFICE.

STAFFING PATTERNS

EACH LOCAL PROGRAM DESIGNS ITS OWN STAFFING PATTERN. DESIGN A STAFFING PATTERN THAT ENSURES THE HIGHEST QUALITY OF SERVICE TO YOUR WIC PARTICIPANTS.

HAVE AT LEAST ONE "COMPETENT PROFESSIONAL AUTHORITY" TO PROVIDE NUTRITION SERVICES.

HAVE YOUR STAFFING PATTERN APPROVED BY THE STATE WIC OFFICE.

Since WIC combines nutrition services with food delivery services, your staff must be able to respond to both nutrition and administrative service needs.

You must have a program director, a senior nutritionist to provide leadership in nutrition services, and competent administrative personnel. If possible, you should have both nutrition and administrative staff who are fluent in the languages used by your participants.

If your program primarily serves rural areas, staff should be at the approximate ratio of 1 FTE staff person to 200-240 participants; if primarily serving urban areas, the ratio should be at 1 to 240-275.

Suggested staffing patterns for a caseload of 2000 participants are:

| | | | |
|-----|--------------------------|---|---------------------------|
| 1 | FTE Program Director | 1 | FTE Nutritionist/Director |
| 1 | FTE Senior Nutritionist | 1 | FTE Senior Nutritionist |
| 1 | FTE Program Nutritionist | 1 | FTE Program Nutritionist |
| 2.5 | FTE Nutrition Assistants | 3 | FTE Nutrition Assistant |
| 2.5 | FTE Program Assistants | 2 | FTE Program Assistants |

JOB DESCRIPTIONS AND FUNCTIONS

THE JOB RESPONSIBILITIES AND QUALIFICATIONS FOR ALL WIC POSITIONS ARE LISTED BELOW.

YOU MAY CHOOSE TO HIRE SOMEONE WITH LESS THAN THE STATED JOB QUALIFICATIONS IF THE CANDIDATE HAS DEMONSTRATED OUTSTANDING COMPETENCE IN THE ASSIGNED AREAS OF JOB RESPONSIBILITY.

TO HIRE SOMEONE WITH LESS THAN THE STATED JOB QUALIFICATIONS, OBTAIN PRIOR APPROVAL FROM THE STATE WIC OFFICE.

NUTRITIONIST/DIRECTOR

Responsible for the overall management of the program, combining the administrative and nutrition components.

Responsibilities

1. Plans and evaluates program operations.
2. Manages the fiscal and personnel components of the program.
3. Supervises the food delivery system, including overall management of the voucher system and vendor selection, training and monitoring.
4. Supervises delivery of nutrition services; assists in nutrition activities in conjunction with the Nutritionist.
5. Acts as liaison with the sponsoring agency and with administrative and fiscal staff at the state WIC office.
6. Acts as liaison between the program and the community in conjunction with the Nutritionist.

Qualifications

1. One year's experience in program delivery or administration, supervisory experience preferable.
2. Bachelor's degree in Nutrition, Food and Nutrition, or Home Economics; Master's degree preferred, may be substituted for work experience; R.D. desirable.
3. Demonstrated leadership and decision making capabilities.
4. Sensitivity to the needs of the client population.
5. Interest and expertise in maternal and child health.
6. Ability to articulate program goals and policies to participants, health providers and community agencies.
7. Ability to work well with management information systems.

PROGRAM DIRECTOR

Responsible for the overall management of the program.

Responsibilities

1. Plans and evaluates program operations.
2. Manages the fiscal and personnel components of the program
3. Supervises the food delivery system, including overall management of the voucher system and vendor selection, training and monitoring.
4. Acts as liaison with the sponsoring agency and with administrative and fiscal staff at the state WIC office.
5. Acts as liaison between the local WIC program and the community, in conjunction with the Nutritionist.

Qualifications

1. One year's experience in program administration; supervisory experience preferable.
2. Bachelor's degree; may substitute Master's degree in relevant field for work experience.
3. Demonstrated leadership and decision-making capabilities.
4. Sensitivity to the needs of the client population.
5. Interest in nutrition and in maternal and child health.
6. Ability to articulate program goals and policies to participants, health care providers and community agencies.
7. Ability to work well with management information systems

SENIOR NUTRITIONIST

Responsible for the administration of the clinical and health care aspects of the program under the supervision of the Program Director.

Responsibilities

1. Supervises delivery of nutrition services including: certification, assessment, care plans and nutrition education.
2. Develops nutrition policy for the local program based on state WIC guidelines and recommendations.
3. Supervises nutrition staff and provides for nutrition staff training, in-services, and performance evaluations.
4. Conducts quality assurance review of program records, group education, and individual counseling.
5. Develops Nutrition Education Action Plan appropriate to participant needs, and conducts evaluation of nutrition activities.
6. Develops linkage with health care providers and community agencies for outreach and referral.
7. Provides nutrition assessment and certification, counseling, nutrition education and referrals for WIC participants.
8. Assists in hiring nutrition staff.
9. Assists in program administration as necessary.

Qualifications

1. Master's degree in public health nutrition, nutrition, nutrition education, with one year of community nutrition experience; with one year of community nutrition experience OR Bachelor's degree with two years of community nutrition experience.
2. Experience in program planning and administration.
3. Leadership and decision-making skills.
4. Excellent communication skills.
5. At least 1 year experience in counseling.
6. Sensitivity to the needs of the client population.

PROGRAM NUTRITIONIST

Responsibilities

1. Performs nutrition assessment and certification, counseling, nutrition education and referrals for WIC applicants and participants.
2. Assists in developing educational materials and planning educational activities for participants.
3. Coordinates collection of anthropometric and hematological data.
4. Assists in training paraprofessional WIC staff, agency staff and health care providers.
5. Participates in quality assurance activities.

Qualifications

1. Bachelor's degree in public health nutrition, nutrition, food and nutrition, or home economics; Master's degree preferred, may be substituted for work experience
2. One year's experience in clinical or community nutrition
3. Demonstrated leadership and decision-making capabilities
4. Good communications skills
5. Sensitivity to the needs of the client population

NUTRITION ASSISTANT

Provides routine nutrition care to WIC participants under the supervision of the Nutritionist or Nutritionist/Director.

Responsibilities

1. Interviews participants, assesses nutritional status, prepares nutrition care plan, provides education materials and makes appropriate referrals.
2. Prepares certification records for signature of Nutritionist at initial certification and repeat certification.
3. Follows selected cases as determined by the Nutritionist.
4. Distributes vouchers, and assists in routine office work; participates in nutrition in-services and in policy-making staff meetings.
5. Assists in development of educational materials and may be responsible for demonstrations, audio-visual presentations or other educational activities with participants.
6. Performs hematological tests and takes anthropometric measurements on participants as needed

Qualifications

1. One year's experience in health care field
2. High school diploma or G.E.D.
3. Interest in nutrition or health care
4. Good communications skills
5. Sensitivity to the needs of the client population

NUTRITION ASSISTANT - SOUTHEAST ASIAN PROJECT

Provides routine nutrition care to WIC participants under the supervision of the Nutritionist or Nutritionist/Director.

Responsibilities

1. Interviews participants, assesses nutritional status, prepares nutrition care plan, provides education materials and makes appropriate referrals.
2. Prepares certification records for signature of Nutritionist at initial certification and repeat certification.
3. Follows selected cases as determined by the Nutritionist.
4. Assists in routine office work; participates in nutrition in-services and in policy-making staff meetings.
5. Assists in development of educational materials and may be responsible for demonstrations, audio-visual presentations or other educational activities with participants.
6. Performs hematological tests and takes anthropometric measurements on participants as needed
7. Provides follow-up nutritional care to Southeast Asian participants.
8. Distributes and explains use of vouchers, as needed.
9. Performs outreach to potential Southeast Asian eligibles.

Qualifications

1. Bilingual and bicultural skills and orientation to meet the specific needs of Southeast Asian participants.
2. One year's experience in health care field
3. High school diploma or G.E.D.
4. Interest in nutrition or health care
5. Good communications skills
6. Sensitivity to the needs of the client population

PROGRAM ASSISTANT

Ensures that the voucher system operates smoothly, and maintains an appointment system for scheduling voucher pick-ups and repeat certifications under the supervision of the Program Director or Nutritionist/Director.

Responsibilities

1. Ensures the distribution of vouchers to participants on a monthly basis
2. Collects and submits information to the computer for the purpose of producing monthly vouchers and management information reports
3. Assures that all participants receiving vouchers are in compliance with program rules
4. Assists Program Director or Nutritionist/Director in educating and monitoring of WIC vendors
5. Operates an appointment system for scheduling voucher pick-up appointments and certifications
6. Performs anthropometric measurements and bloodtests for participants.

Qualifications

1. One year's general office experience; statistical or data processing work preferred
2. High school diploma or G.E.D.
3. Well-organized, systematic approach to work
4. Good communications skills
5. Sensitivity to the needs of the client population

THE COMPETENT PROFESSIONAL AUTHORITY

A COMPETENT PROFESSIONAL AUTHORITY DETERMINES NUTRITIONAL RISK,
ASSIGNS FOOD PACKAGES, AND COUNSELS PARTICIPANTS.

In Massachusetts, a WIC nutritionist who meets the qualifications outlined in the JOB DESCRIPTIONS AND FUNCTIONS section of this Procedure Manual is automatically considered a CPA. A nutrition paraprofessional must be authorized by the state WIC office before s/he can become a CPA. There are two levels of paraprofessional CPA status:

- Level I CPA status qualifies a paraprofessional to certify low-risk children only.
- Level II CPA Status qualifies a paraprofessional to certify all categories of low-risk participants.

Only a nutritionist may countersign records for paraprofessionals who are performing certifications in training for CPA authorization.

TO AUTHORIZE A PARAPROFESSIONAL TO BECOME A CPA LEVEL I OR II

1. The Senior Nutritionist fills out a CPA Level I or Level II Approval Form and sends it to the state office. This form is an evaluation of the paraprofessional's skills in the following areas:
 - o basic knowledge of nutrition
 - o anthropometric assessment
 - o biochemical assessment
 - o nutrition/dietary assessment
 - o counseling skills
 - o certification procedures

Paraprofessionals may apply for CPA status when they reach 100% competency in all areas listed above.

2. Each paraprofessional participates in a New Staff Training and one state-sponsored inservice.
3. After the state office approves the request for authorization, a copy of the CPA Approval Form is returned to the local program. This copy is kept on file at the local program.
4. Each CPA paraprofessional is required to complete 10 hours of continuing education credit per year beginning with the date of CPA approval. Education credits for each CPA are documented by the Senior Nutritionist.

See the Originals Packet for a copy of the CPA Approval Form.

STAFF TRAINING

STAFF TRAINING ENABLES LOCAL PROGRAM STAFF TO PROVIDE HIGH-QUALITY SERVICES TO WIC PARTICIPANTS.

RESPONSIBILITY FOR STAFF TRAINING IS SHARED BETWEEN THE STATE AGENCY AND THE LOCAL WIC PROGRAM.

In order to serve WIC participants well, WIC staff must acquire and maintain up-to-date knowledge and skills.

STATE AGENCY RESPONSIBILITIES

The state agency is responsible for:

1. Producing materials for orienting new local program staff
2. Conducting new staff trainings
3. Providing ongoing training through inservices for all local program staff
4. Providing information on training resources and methods.

LOCAL PROGRAM RESPONSIBILITIES

The local program is responsible for:

1. Orienting new staff using materials provided by the state agency
2. Providing on-the-job training for all staff
3. Ensuring staff attendance at state training
4. Providing opportunities for nutrition staff to obtain 10 continuing education credits
5. Assisting staff to integrate knowledge/skills from staff trainings into their daily work
6. Providing on-site supervision for all staff.

ORIENTING NEW STAFF

Use the materials listed below to help you orient your new staff.

For all new staff:

1. Questions and Answers About WIC
2. Order Form for WIC materials
3. Originals Packet of WIC forms and form letters
4. WIC State Plan
5. WIC Office Staff Who's Who
6. Program List

For new nutritionists and nutrition assistants:

- Instruction Guides for Assessment and Certification of:
 - Pregnant Women
 - Infants
 - Children
 - Postpartum and Lactating Women
- Nutritional Risk Criteria
- Guidelines for Initiating and Conducting Breastfeeding Promotion Contacts
- Training Modules for Nutrition Paraprofessionals
 - Children on the Bottle
 - Iron Deficiency
 - Lead Poisoning and Prevention
 - Overweight Kids
 - Calcium: The Hard Facts
- Formulas Available from the Massachusetts WIC Program
- Pediatric Vitamin/Mineral Supplements
- Prenatal Vitamin and Mineral Supplements
- Quarterly calendar for upcoming quarter
- Resource Library Acquisition List
- Prenatal Nutrition: A Clinical Manual
- MCH Infant Feeding Policy

For new program directors and program assistants:

- Voucher System Manual (Part V.A of the Procedure Manual, available separately)

Many of these materials you will have on hand. If you need additional copies, order them directly from the state office.

TRAINING NEW NUTRITION STAFF

Nutrition Professionals

Have the new staff person:

- o Review all pertinent training/resource materials (see above).
- o Attend a state New Staff Training.
- o Observe local nutrition staff on several occasions.
- o Role-play nutrition interviews with experienced staff to develop counseling skills.

Nutrition Paraprofessionals

Have the new staff person:

- o Review all pertinent training/resource materials (see above).
- o Attend a state New Staff Training.
- o Observe local nutrition staff on several occasions.
- o Role-play nutrition interviews with experienced staff to develop counseling skills.

Have the Senior or Program nutritionist:

- o Provide basic orientation to the WIC Program.
- o Train the paraprofessional in all steps necessary to certify low-risk children, including:
 - assessing anthropometric, hematological and other medical data
 - collecting and assessing dietary information
 - providing client-centered nutrition education
 - documenting information correctly in the SOAP note format

- o Evaluate the paraprofessional's assessment/counseling skills using a Counseling Evaluation Guide, and provide feedback and additional training as necessary.
- o Observe the paraprofessional on a regular basis to assess the progress of her/his counseling/certification skills and to ensure accuracy of nutrition information.
- o Recommend CPA I candidacy when appropriate, evaluating each paraprofessional on a case-by-case basis.
- o Recommend CPA II candidacy when appropriate, evaluating each paraprofessional on a case-by-case basis. Follow the same training format, and include low-risk women and infants.

EQUIPMENT AND SERVICES

FOLLOW STANDARD PROCEDURES FOR PROCURING ALL EQUIPMENT AND SERVICES FOR YOUR LOCAL PROGRAM.

PURCHASING EQUIPMENT

You may request equipment or related items of equipment costing less than five hundred (\$500) dollars through the local agency annual contract budget. If approved, purchase the item(s) at any time during the contract year, making sure the local agency retains documentation of the purchase and price.

Equipment not purchased through the contract process may be requested directly from the state agency. State agency staff assess the priority of your request and the availability of funds, and notify you of the decision. In this case, the equipment purchased is the property of the Commonwealth of Massachusetts, not your local agency.

PROCURING SERVICES

The procurement of services is generally negotiated during the annual contracting process. Any procurement of services not negotiated at this time must be reviewed and approved by the state agency, and all services over \$10,000 must be competitively procured.

PARTICIPATION

"PARTICIPATION" MEANS THE TOTAL NUMBER OF WOMEN, INFANTS AND CHILDREN WHO HAVE BEEN CERTIFIED FOR WIC AND WHO ARE RECEIVING VOUCHERS.

The following sections detail each step of the many procedures involved in dealing with applicants and participants, from the first inquiry to the final termination.

This PARTICIPATION section is organized in the general order in which you would perform the procedures, starting with responding to applications and ending with terminations.

INQUIRIES

WHEN A PERSON INQUIRES ABOUT WIC, EXPLAIN:

1. THE WIC PROGRAM
2. THE CATEGORIES OF ELIGIBLE PEOPLE
3. THE ELIGIBILITY REQUIREMENTS
4. YOUR WAITING LIST PROCEDURE

A person may inquire about WIC either by phone or in person.

** You may wish to informally screen the person for income eligibility to save her/him from applying if s/he is clearly above the income limits for participation.

APPLICATIONS

OBTAIN THE FOLLOWING INFORMATION FOR EACH APPLICANT:

1. NAME
2. MAILING ADDRESS
3. TELEPHONE NUMBER
4. WIC STATUS - WOMAN (PREGNANT, NURSING, OR POSTPARTUM NON-NURSING), INFANT, OR CHILD
5. DATE OF APPLICATION

OBTAIN NECESSARY ANTHROPOMETRIC AND HEMATOLOGICAL DATA FROM A MEDICAL REFERRAL FORM, FROM THE APPLICANT'S MEDICAL RECORD, OR AT THE CERTIFICATION APPOINTMENT.

MAKE SURE APPLICANTS DO NOT INCUR EXPENSES TO APPLY FOR WIC, INCLUDING OBTAINING MEDICAL DATA OR RECEIVING A BLOODTEST.

SET UP YOUR APPLICATION PROCESS SO THAT APPLICANTS MUST COME TO THE WIC OFFICE ONLY ONCE IN ORDER TO DETERMINE THEIR ELIGIBILITY FOR THE WIC PROGRAM.

APPLYING FOR WIC

A person may apply to WIC by:

- submitting a completed Medical Referral Form (MRF) signed by her/his health care provider and receiving a scheduled appointment

OR

- calling to schedule a certification appointment and providing her/his name, address, telephone number, status and date of birth.

In this case, obtain required anthropometric and hematological data:

- from a completed MRF brought to the appointment
- from the applicant's medical record
- at the appointment (prenatals must show positive proof of pregnancy; home pregnancy test results excluded)

OR

- bringing proof of income and address and (for prenatals) a positive pregnancy test to the WIC office, and receiving a walk-in appointment. Infants and children applying for WIC must accompany the caretaker to ensure on-site collection of required anthropometric and hematological data.

Although walk-in appointments may not be feasible for all programs, make every effort to accomodate high-risk applicants (prenatals, homeless, and high-risk infants and children).

OR

- having an assessment done by a community health center nutritionist who then forwards a copy of the assessment and certification forms to the WIC office.

Record the date of application as follows:

- ** If you schedule a certification appointment after receiving a completed MRF, fill in the "date received" space on the MRF.
- ** If you schedule an appointment without a MRF, note in the participant record the the date the applicant made the appointment, with her/his name, address, telephone number, WIC status, and date of birth.
- ** If the participant is seen as a walk-in appointment, note this in her/his record.

OBTAINING ANTHROPOMETRIC AND HEMATOLOGICAL DATA

Obtain current anthropometric and hematological data for each WIC certification, and document nutrition-related medical problems. Because WIC is designed as an adjunct to participants' health care, you should collect this information from participants' health care providers whenever possible, using the appropriate Medical Referral Form or the applicant's medical record if you have access to it. However, applicants must not incur expenses in applying for WIC. Make arrangements for obtaining this data free of charge for applicants who do not have health care or who cannot obtain current data without incurring expense by:

- sending the applicant to your agency's health care facilities

OR

- doing the blood test and anthropometric measurements at your office.

Be sure to refer applicants who do not receive health care to your agency's health care facilities or to a local health care provider.

USING THE MEDICAL REFERRAL FORM

When applicants say they would like to apply for WIC, give or mail them the appropriate medical referral form (and dental referral form, if applicable) and

- Explain that you must have a completed medical referral form to review before you can give them a certification appointment or put them on the waiting list

OR

- Make certification appointments at the time you give out the medical referral form and tell applicants that they must bring the completed referral form to the appointment.

Make a policy for your program and be consistent for all applicants.

DETERMINING THE PRIORITY

Attempt to determine an applicant's priority so that you can schedule her/him appropriately. The competent professional authority (CPA) assigns the applicant's priority using the completed Medical Referral Form or the applicant's medical record, if either is available. If an applicant's nutritional risk factor is not obvious, assign the lowest priority for the applicant's category.

NOTE: Assess all prenatal and nursing women to determine their actual priority.

SCHEDULING INITIAL CERTIFICATION APPOINTMENTS

GIVE PRIORITY 1 PREGNANT WOMEN AND FAMILIES OF MIGRANT FARMWORKERS A CERTIFICATION APPOINTMENT WHICH IS WITHIN 10 DAYS OF THEIR APPLICATION FOR WIC.

- IF YOU HAVE A WAITING LIST FOR THESE APPLICANTS, GIVE OR MAIL THEM A WAITING LIST NOTIFICATION LETTER WITHIN 10 DAYS OF THEIR APPLICATION FOR WIC.

GIVE ALL OTHER APPLICANTS A CERTIFICATION APPOINTMENT WHICH IS WITHIN 20 DAYS OF THEIR APPLICATION FOR WIC.

- IF YOU HAVE A WAITING LIST FOR ANY OF THESE APPLICANTS, GIVE THEM A WAITING LIST NOTIFICATION LETTER WITHIN 20 DAYS OF THEIR APPLICATION FOR WIC.

TRY TO DETERMINE AN APPLICANT'S PRIORITY BEFORE SCHEDULING THEIR APPOINTMENT.

SET UP YOUR APPOINTMENT SYSTEM TO FIT YOUR PROGRAM'S CAPABILITIES AND NEEDS.

TIME FRAMES

- ** Enroll all eligible Priority 1 prenatal women and families of migrant farmworkers within 10 days of their application for WIC. TRY TO ENROLL ALL ELIGIBLE PRIORITY 1 AND PRIORITY 2 APPLICANTS WITHIN 10 DAYS OF THEIR APPLICATION FOR WIC.

See the WIC INFANTS section of this Procedure Manual for procedures allowing prompt enrollment of infants born to mothers who are already on WIC.

- ** Enroll all other eligible applicants within 20 days of their application for WIC, or notify them that they have been put on your waiting list.

See MANAGING A WAITING LIST and WAITING LIST STATUS sections of this Procedure Manual.

SCHEDULING APPOINTMENTS

Establish an appointment system which makes the best possible use of your staff and which can handle the demand for initial certifications as well as repeat certifications.

- o Schedule certification appointments on a first-come, first-served basis if you have no waiting list.
- o If you have a waiting list, schedule certification appointments based on the applicant's priority, highest priorities first.

Schedule initial certification appointments in groups or individually.

Group Appointments

Schedule applicants of the same WIC status (W1, W2, W3, I or C) in groups together, if possible.

Schedule group appointments based on the facilities and staff available for each group.

Individual Appointments

Schedule individual certification appointments in one of two ways:

- open booking, when you see any type of applicant at any time your program is open, or
- having specific days and/or times of the week when you see certain types of applicants (e.g. prenatal women, WIC infants).

Allow enough time to do a thorough interview and assessment without running behind schedule. Suggested appointment times for initial certifications are:

- | | |
|-----------------------|------------|
| o pregnant women | 45 minutes |
| o infants | 30 minutes |
| o children | 30 minutes |
| o breastfeeding women | 45 minutes |

CERTIFICATION

CERTIFICATION IS THE PROCESS BY WHICH YOU DETERMINE WHETHER AN INDIVIDUAL IS ELIGIBLE FOR WIC BENEFITS.

COMPLETELY DOCUMENT EACH PERSON'S ELIGIBILITY (CATEGORICAL, GEOGRAPHICAL, INCOME, AND NUTRITIONAL RISK) BEFORE YOU ISSUE VOUCHERS.

Include the following information in each participant's certification record:

| ITEM | LOCATION |
|---|---------------------------------|
| 1. name | Certification form |
| 2. indication of categorical eligibility | Certification form |
| 3. complete address | Income Eligibility form (front) |
| 4. documentation of income eligibility | Income Eligibility form (front) |
| 5. height/length and weight | Certification form |
| 6. blood test results | Certification form |
| 7. dietary assessment | Assessment/Questionnaire |
| 8. nutrition care plan, in SOAP note format | Certification form |
| 9. food package assignment | Certification form |
| 10. date of assessment (if different from date of certification, e.g., WIC infant, missing information) | Certification form |
| 11. certification reason | Certification form |
| 12. signature of a competent professional authority | Certification form |
| 13. date of certification | Certification form |
| 14. signed copy of the affidavit of a participant's rights and responsibilities | Income Eligibility form (back) |

NOTE: This CERTIFICATION section and all the sections included in it outline procedures for certifying new participants, but the procedures are the same for recertifications.

IF THE APPLICANT DOES NOT MEET CRITERIA

Give the applicant a completed "NOT ELIGIBLE LETTER" and explain that s/he may reapply to the WIC Program. You may also:

- (For infants) give them emergency cans of formula, if available.
- Give them supermarket gift certificates supplied to you through Project Bread.
- Refer them to other programs for which they may be eligible.

ELIGIBILITY DETERMINATION

TO BE ELIGIBLE FOR WIC, AN APPLICANT MUST MEET FOUR ELIGIBILITY CRITERIA:

1. CATEGORICAL
2. GEOGRAPHICAL
3. INCOME
4. NUTRITIONAL RISK

RESIDENTS OF INSTITUTIONS ARE NOT ELIGIBLE FOR WIC.

Check categorical eligibility first, then geographical eligibility, then income eligibility. By pre-screening applicants for these eligibility criteria first, you may save them from coming in for a nutrition appointment unnecessarily.

A person who is not eligible for WIC may reapply immediately and as often as s/he wishes.

CATEGORICAL ELIGIBILITY

TO BE CATEGORICALLY ELIGIBLE FOR WIC, A PERSON MUST BE ONE OF THE FOLLOWING:

- A PREGNANT WOMAN
- A BREASTFEEDING WOMAN
- A POSTPARTUM WOMAN
- AN INFANT
- A CHILD

For purposes of WIC eligibility:

- * A pregnant woman is a woman having one or more embryos or fetuses in utero.
- * A breastfeeding woman is a woman up to one year postpartum who is breastfeeding her infant(s).
- * A postpartum woman is a woman up to six months after termination of her pregnancy.

NOTE: A woman having a spontaneous abortion (miscarriage) or a therapeutic abortion after 20 weeks gestation may be considered a postpartum woman.

- * An infant is a person under one year of age.
- * A child is a person who has attained her/his first birthday, but has not yet attained her/his fifth birthday.

A completed Medical Referral Form is considered adequate documentation that the applicant is pregnant, breastfeeding, postpartum, under 1 year or under 5 years. For walk-in appointments, prenatals must show proof of a positive pregnancy test, but you may accept a woman's verbal statement that she is breastfeeding.

** IF THE APPLICANT IS NOT CATEGORICALLY ELIGIBLE:

1. Explain to the applicant her/his reason(s) for ineligibility.
2. Give her/him a "NOT ELIGIBLE LETTER" indicating the appropriate reason for ineligibility.
3. Give the person information on the fair hearing process.

GEOGRAPHICAL ELIGIBILITY

ALL MASSACHUSETTS RESIDENTS MAY APPLY FOR WIC BENEFITS IN MASSACHUSETTS.

AN APPLICANT DOES NOT HAVE TO BE A U.S. CITIZEN OR A PERMANENT RESIDENT TO BE ELIGIBLE FOR WIC, AND A SOCIAL SECURITY NUMBER IS NOT REQUIRED.

VERIFY EACH PARTICIPANT'S RESIDENCY AT EACH CERTIFICATION.

MASSACHUSETTS RESIDENTS MAY APPLY TO THE WIC PROGRAM OF THEIR CHOICE.

Massachusetts residency is the only geographical requirement.

- Verify Massachusetts residency at each certification using such sources as:
 - o Medicaid card
 - o Letter or statement from a Federal, state or municipal agency (Welfare, SSI, armed services, etc.)
 - o Bill (electric, heat, phone, credit card, mortgage)
 - o Bank statement
 - o Postmarked envelope/postcard or magazine address label
 - o Driver's license or Liquor Purchase Permit
 - o ID card with address
 - o Phone book
 - o Lease, letter or rent receipt from landlord
 - o Medical Referral Form (only if address was completed by health care provider)
 - o Pay check or pay stub with home address
 - o Copy of W-2 form or 1040 (valid during January only)

- Use a self-declaration of residency for applicants who cannot provide documentation of residency (such as teenagers, people who have just moved to Massachusetts, people living here temporarily, migrants, refugees and the homeless). On the computer input, use the address of the place where they are currently staying, a friend's address, or your WIC program address.

- Write the participant's full name and complete address on the Income Eligibility Form.

-- Document that you have verified residency on the Income Eligibility form:

- o Circle "verified" if you have checked proof of residency.
- o Circle "self-declared" if the applicant/participant is unable to provide documentation of residency.

If a participant reports a change of address in the middle of a certification period, document it in the address change section of the Income Eligibility form.

** IF THE APPLICANT IS NOT GEOGRAPHICALLY ELIGIBLE:

1. Explain the reason for ineligibility.
2. Give a "NOT ELIGIBLE LETTER" indicating geographical ineligibility.

See the INELIGIBILITY AT INITIAL CERTIFICATION section in this Procedure Manual.

3. Provide information on the fair hearing process.

See the THE RIGHT TO A FAIR HEARING section in this Procedure Manual.

4. Suggest that s/he contact the Health Department in her/his own state to locate an accessible WIC Program.

NOTE: Applicants may apply to the WIC program of their choice. You may not deny participation to someone simply because s/he lives outside of your catchment area, but you may encourage an applicant from outside of your assigned catchment area to go to another local WIC program if it will facilitate their receiving WIC services (i.e., closer to their home, no waiting list, bilingual staff, etc.).

INCOME ELIGIBILITY

INCOME ELIGIBILITY IS BASED ON THE TOTAL GROSS INCOME OF THE APPLICANT'S HOUSEHOLD AND ON THE HOUSEHOLD SIZE.

MAXIMUM INCOME ALLOWED IS 185% OF THE POVERTY GUIDELINES AS ESTABLISHED ANNUALLY BY THE U.S. DEPARTMENT OF AGRICULTURE.

Determine both the total gross income of the applicant's household and the household size. Compare this information with the income guidelines provided annually by USDA and listed on the "Income Eligibility Form".

If the applicant is income eligible, document this using the "Income Eligibility Form".

**** IF THE APPLICANT IS NOT INCOME ELIGIBLE:**

1. Explain that her/his income is above the cutoff point and therefore s/he is not eligible.
2. Give her/him a "NOT ELIGIBLE LETTER" indicating income as the reason for ineligibility.

See the INELIGIBILITY AT INITIAL CERTIFICATION section in this Procedure Manual.

3. Provide information on the fair hearing process.

See the THE RIGHT TO A FAIR HEARING section in this Procedure Manual.

**** IF A PARTICIPANT BECOMES OVER-INCOME DURING THE CERTIFICATION PERIOD BECAUSE ANOTHER FAMILY MEMBER HAS BEEN FOUND OVER-INCOME AT A CERTIFICATION OR REPEAT CERTIFICATION:**

1. Explain the reason for termination.

2. Give a "NO LONGER ELIGIBLE LETTER" indicating income as the reason for termination.

See the TERMINATION DURING CERTIFICATION PERIOD section of this Procedure Manual.

3. Provide information on the fair hearing process.
4. Give a last set of vouchers if the issue date falls within 15 days after you determined ineligibility and gave the "NO LONGER ELIGIBLE" letter.
5. Terminate the participant according to the procedures described in the TERMINATIONS section of this Procedure Manual.

DETERMINING INCOME

USE THE TOTAL GROSS INCOME OF THE APPLICANT'S HOUSEHOLD TO DETERMINE
INCOME ELIGIBILITY.

USE EITHER THE CURRENT INCOME OR THE AVERAGED INCOME OVER THE PAST 12 MONTHS, WHICHEVER IS THE BETTER INDICATOR.

DEFINITION OF "INCOME"

"Income" means the total gross cash income of all members of the household. "Gross income" is all income before deductions are made for income taxes, employee social security taxes, insurance premiums, bonds, etc.

Consider the household's income over the past 12 months and the household's current income to determine which is the better indicator of eligibility.

DETERMINING INCOME

To determine an applicant's income, ask as many questions as are necessary to determine total income, such as:

- o What is your income?
- o Is that your only source of income?
- o Do you receive money from anywhere else to support you and/or your children?
- o Does anyone else in your household work or receive income?

More specifically:

If No Income: How do you pay your bills?
 How are you covering food costs?
 Is anyone financially supporting you at this time?
 Are you living off your savings?

If Unemployed: Have you applied for unemployment benefits?
Are you receiving unemployment benefits?
Are unemployment benefits your only source of income?
When did your unemployment benefits run out?

If Self Employed: What do you do for a living?
Do you file quarterly tax statements to the IRS?
Is your income seasonal? Sporadic?

If Working Overtime: Do you regularly work overtime?
How often do you work overtime?
How much overtime do you regularly receive?

If a Medicaid Recipient: Do you receive AFDC/General Relief/RCMA payments?
(if not receiving AFDC/GR/RCMA) What is your source of income?

If a Student: Do you receive any grants, scholarships or loans?
Do you have a work study job? an assistantship?
Does your spouse work? Do you work?
Does your family/country provide you with financial support?
Does your school provide you with financial support?

If in the Military: What is your income?
Do you receive any cash benefits from the military?
Does any other household member receive additional income?

If a Member of the Clergy: What is your income?
Does any other household member receive additional income?

If the Applicant Does Not Appear to Be Income Eligible: Does this income represent your regular income?
How long have you been receiving this income?
Does this income accurately represent what your household has been living on for the past 12 months?

INCLUDE THE FOLLOWING AS INCOME

1. wages, salary, commissions, or fees
2. public assistance or welfare payments
3. unemployment benefits
4. net income from self-employment
5. social security payments
6. dividends or interest on savings or bonds, income from estates or trusts, or net rental income
7. government civilian employee payments, military retirement or pension payments, or veteran's payments

8. private pensions or annuities
9. alimony or child support payments
10. payments for the care of a foster child
11. housing allowances for military personnel
12. regular contributions from persons not living in the household
13. royalties
14. cash received or withdrawn from any other source readily available to the family, such as savings, investments, and trust accounts.

DO NOT INCLUDE THE FOLLOWING AS INCOME

1. value of Food Stamps
2. value of assistance from any program established under the Child Nutrition Act of 1966, including:
 - o National School Lunch Act
 - o Special Milk Program
 - o School Breakfast Program
 - o Child Care Food Program
 - o Summer Food Service Program for Children
 - o WIC Program
3. reimbursements from the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970
4. value of free housing received by members of the clergy and on-base military
5. any payment to volunteers under Title II or the Domestic Volunteer Service Act of 1973, including:
 - o RSVP
 - o Foster Grandparents
 - o SCORE
 - o ACE
6. any payment to VISTA volunteers who receive Food Stamps or public assistance at the time they join VISTA
7. income derived from certain submarginal land of the U.S. held in trust for certain Indian tribes

8. payments or allowances received under the Home Energy Assistance Act of 1980
9. payments received from the youth employment demonstration program
10. income derived from the disposition of funds to the Grand River Band of Ottawa Indians
11. financial assistance from any program funded under Title IV of the Higher Education Act of 1965 which is used for specified costs (books, materials, tuition, fees, supplies, transportation) including:
 - Pell Grant
 - Supplemental Educational Opportunity Grant
 - State Student Incentive Grant
 - National Direct Student Loan
 - PLUS
 - College Work Study
 - Burd Honor Scholarship programs

OVERTIME PAY

If an applicant appears to be over-income due to overtime pay included on the most recent paystub, request documentation of pay for the past month or for the past 12 months to determine if s/he is income eligible using the monthly or yearly guidelines.

INCOMES WITH DIFFERENT FREQUENCIES

If an applicant reports two or more different sources of income and the incomes are not received at the same frequency, convert all income to a common frequency as follows:

| Frequency | To obtain monthly income: | To obtain annual income: |
|------------------------------|------------------------------|-----------------------------|
| Weekly | multiply by 4.3 | multiply by 52 |
| Bi-weekly (every 2 weeks) | multiply by 2.15 | multiply by 26 |
| Semi-monthly (twice a month) | multiply by 2 | multiply by 24 |

DETERMINING HOUSEHOLD SIZE

A HOUSEHOLD IS A PERSON OR GROUP OF PERSONS WHO MAY OR MAY NOT LIVE TOGETHER BUT WHO SHARE INCOME AND CONSUMPTION OF GOODS OR SERVICES.

DETERMINE HOUSEHOLD SIZE AS PART OF DETERMINING INCOME ELIGIBILITY.

DO INCLUDE in a household:

- o children living in the household
- o adopted children or those for whom the family has accepted legal responsibility
- o children residing in a school or institution, whose support is paid for by the parents or guardians

DO NOT INCLUDE in a household:

- o unborn infants
- o non-resident children for whom child support payments are made

DETERMINING HOUSEHOLD SIZE

To determine household size, ask the following questions:

- o How many people do you live with?
- o How many people are supported by your income?
- o Where do those supported by your income reside?

See the chart on the next page for guidelines for determining household size.

DETERMINATION OF HOUSEHOLD SIZE

| SITUATION: | QUESTIONS TO ASK: | DETERMINATION OF HOUSEHOLD SIZE |
|--|---|---|
| <u>Foster Child</u> | <ul style="list-style-type: none"> o Is the child a ward of the state? o Are you the child's legal guardian? o Do you receive any income because you care for the child? | <ul style="list-style-type: none"> o If the child is a foster child <u>and</u> remains the legal responsibility of a welfare or other agency, the foster child shall be considered a household of one. o If yes, include as member of family household. o If yes, include in income of household if not ward of state. |
| <u>Child Support</u> | <ul style="list-style-type: none"> o Do you receive child support payments? o How regularly do you receive these payments? o Do you pay child support? | <ul style="list-style-type: none"> o If yes, include in income determination. o Include in income at appropriate frequency. o Child support payments can <u>not</u> be deducted from income of payer. <p>Do not include a non-resident child for whom support payments are made in the household size.</p> |
| <u>Institutionalized family member</u> | <ul style="list-style-type: none"> o Do you pay financial support for the institutionalized person? o Does the state/other agency bear financial responsibility for the institutionalized person? | <ul style="list-style-type: none"> o If yes, include in household size. o If yes, do not include in household. |
| <u>Living with another family</u> | <ul style="list-style-type: none"> o Does the family provide you with free food, clothing, shelter, etc.? o Do you share the expenses? o Do you pay the family for living in their home? | <ul style="list-style-type: none"> o If yes, include as member of household. o If yes, include as member of household. o If a person is totally self-supporting, regardless of where s/he lives, that person is a household separate from the rest of those with whom s/he lives. <p>A minor who pays for the expenses of her/his support is a household separate from the persons with whom s/he lives regardless of her/his age.</p> |

DOCUMENTING INCOME

DOCUMENT THE INCOME OF ALL HOUSEHOLD MEMBERS.

AT EACH CERTIFICATION APPOINTMENT, DOCUMENT THE APPLICANT'S INCOME ELIGIBILITY ON THE CURRENT INCOME ELIGIBILITY FORM.

A MEDICAID CARD IS NOT AUTOMATIC PROOF OF WIC ELIGIBILITY. ONLY MEDICAID RECIPIENTS RECEIVING GENERAL RELIEF, AID TO FAMILIES WITH DEPENDENT CHILDREN (AFDC), OR REFUGEE CASH AND MEDICAL ASSISTANCE (RCMA) ARE AUTOMATICALLY INCOME ELIGIBLE FOR WIC IF THIS ASSISTANCE IS THEIR ONLY HOUSEHOLD INCOME.

Documentation may include, but is not limited to:

- pay stub
- letter from employer
- unemployment card
- current Medicaid card
- savings book (to estimate average weekly and/or monthly withdrawals)
- letter from the court regarding child support or alimony
- quarterly estimate tax form
- W₂ or 1040 tax forms (may be used to document past 12 months only when used in January)

In order to determine current income, make sure the the documentation source is dated within the past month. For the self-employed, whose tax returns are submitted quarterly, use the form from the most recent quarter.

If income eligibility is based on annualized income, make sure you have adequate documentation to verify the household's income for the past 12 months.

You do not need to keep a copy of the income documentation in the person's file.

APPLICANTS/PARTICIPANTS WITH NO DOCUMENTATION

Applicants/participants who have income but cannot document it (for example, persons who are homeless, who have recently moved to Massachusetts, or who are self-employed and not maintaining records or filing 1040-ES) may make a self-declaration of income, either in writing or verbally.

USING A MEDICAID CARD AS PROOF OF INCOME

Medicaid Recipients

Medicaid is given for many reasons; not all Medicaid recipients receive cash assistance. To use a Medicaid card for income documentation, it must have been issued to an applicant receiving AFDC, General Relief, or Refugee Cash and Medical Assistance.

To determine whether the Medicaid card was issued with AFDC, RCMA or General Relief:

- 1) Ask the applicant whether s/he is receiving AFDC, RCMA or General Relief payments

AND

- 2) Ask to see the Medicaid card. If the two digits beneath the notation CAT (category) are "00" (for RCMA), "02" (for AFDC) or "04" (for General Relief), the person is income eligible for WIC if this assistance is the only source of income for the applicant's household.

If the category is not 00, 02 or 04, the card does not reflect the person's income. Inquire about the applicant's income and document it appropriately.

Complete the "Income Eligibility Form" with the dollar amount (may be given verbally by the applicant), frequency, household size, date, and signatures.

EXAMPLE:

| | | |
|---|--|----------------------------|
| INCOME \$ <u>179.</u> | FREQUENCY <u>yearly</u> monthly <u>bi-weekly</u> weekly | HOUSEHOLD SIZE <u>2</u> |
| DOCUMENTATION or Med. Card # <u>021-63-0291</u> Cat <u>02</u> | RECEIVES: <u>AFDC</u> <u>Food Stamps</u> | |
| | REFERRED TO: AFDC Food Stamps | |
| | Other _____ | |
| PART. SIG. <u>Gweneth Huger</u> | STAFF SIG. <u>Mary Smith</u> | DATE <u>8/7/87</u> |

Persons Applying for Medicaid

If an applicant has recently applied for AFDC, RCMA, or General Relief but has not been issued a Medicaid card and is not receiving benefits:

- 1) Request a copy of the grant letter issued by the Welfare Department stating eligibility and the cash grant to be received.

OR

- 2) Ask to see a copy of the Welfare Department computer sheet indicating eligibility and cash grant amount.

If an applicant cannot provide a copy of the letter or computer sheet, assess what s/he is currently living on and document the source.

Advise her/him to bring proof of the AFDC/General Relief/RCMA benefit as soon as it is received. Note the change in income in the participant's file.

STUDENTS

Documentation of income for students must include all readily available amounts received. Students are not allowed a deduction for tuition expenses unless they receive financial assistance income which is designated specifically for tuition and related expenses.

Students Receiving Financial Aid

If a student receives a grant, loan or scholarship, include as income only readily available cash amounts received, such as those used for living expenses. Do not include the amount of money used for tuition and fees. The student's Financial Aid Transcript, available from her/his financial aid department, will show how the financial aid is to be used.

Foreign Students

Some foreign students may be able to document their financial status with a "Certification of Finances", a financial disclosure statement used by most major universities when admitting non-immigrant alien students. Others may have to contact their financial aid department, international student office, or consulate/embassy for documentation of their financial status.

Remind non-immigrant alien students that participation in the WIC program might be considered by US Immigration and Naturalization Service (INS) as evidence that they have become public charges, which could jeopardize their visas. But children born in the United States to alien students are citizens, and their participation in the WIC Program does not jeopardize their parents' alien status.

Income Documentation

| CATEGORY | DOCUMENTATION REQUIRED (USE ONLY ONE) | AMOUNT | FREQUENCY | DOCUMENTATION LINE |
|--|--|---|---------------------------------------|---|
| EMPLOYED | <ul style="list-style-type: none"> - Pay check - Pay stub - Signed letter from employer stating source of income, total income and frequency | Average dollar amount of paycheck(s) | Paycheck issuance schedule | <ul style="list-style-type: none"> - "paycheck" - "pay stub" - "employer letter" |
| SELF-EMPLOYED | <ul style="list-style-type: none"> - Copy of quarterly tax return form (1040 ES - Estimated Tax for Individuals) | As Indicated | 3 months or as indicated | - "1040 ES for (mo/yr)" |
| SEASONALLY EMPLOYED (e.g., farmers and fisherman) | <ul style="list-style-type: none"> - Previous year's W2 form - signed letter from the employer stating source of income, amount and frequency | As Indicated | Yearly or as indicated | <ul style="list-style-type: none"> - "198__ W2 form" - "employer letter" |
| MILITARY PERSONNEL | <ul style="list-style-type: none"> - Current pay statement - Leave and Earnings statement | As Indicated | As Indicated | <ul style="list-style-type: none"> - "pay statement" - "LES" |
| RECEIVING UNEMPLOYMENT | <ul style="list-style-type: none"> - Unemployment card - copy of unemployment check - unemployment check stub - unemployment benefits letter | As Indicated | As Indicated | <ul style="list-style-type: none"> - "unemployment card" - "unemployment check" - "unemployment stub" - "unemployment letter" |
| LIVING ON SAVINGS | <ul style="list-style-type: none"> - Savings account book | Average amount of withdrawals over several weeks/months | Weekly or monthly (whichever you use) | - "Savings book" |
| AFDC/GENERAL RELIEF/ RCMA RECIPIENT | <ul style="list-style-type: none"> - Medicaid card with category "00", "02" or "04" | Dollar amount received | Current month | - Medicaid card number and category |
| AFDC/GENERAL RELIEF/ APPLICANT | <ul style="list-style-type: none"> - Welfare grant letter - Welfare computer sheet | As Indicated | As Indicated | <ul style="list-style-type: none"> - "Welfare letter" - "Welfare sheet" |
| STUDENTS RECEIVING FINANCIAL AID | <ul style="list-style-type: none"> - Financial Aid Transcript - Certification of Finances form (for foreign students) | Total amount for current semester (excluding amount for tuition and fees) | Length of semester | <ul style="list-style-type: none"> - "Fin'l Aid Transcript" - "Certification of Finances" |
| EMPLOYED PERSON WITH NO INCOME DOCUMENTATION | <ul style="list-style-type: none"> - None | Dollar amount received | As Indicated verbally or in writing | - "Self-declaration" |
| NO INCOME | <ul style="list-style-type: none"> - None | N/A | N/A | - "Self-declaration" |

USING THE INCOME ELIGIBILITY FORM

Completely fill out the income eligibility form for the current year.

1. INCOME/FREQUENCY Fill in the total household income at the date of certification, and the frequency of that income (yearly, monthly, bi-weekly or weekly).

See the INCOME ELIGIBILITY section in this Procedure Manual.

2. HOUSEHOLD SIZE Fill in the total household size.

See the INCOME ELIGIBILITY section in this Procedure Manual.

3. DOCUMENTATION Write in the type of documentation used to verify the household's current or annualized income.

4. RECEIVES Circle AFDC and/or Food Stamps if the applicant or participant is currently enrolled in one or both of these programs.

5. REFERRED TO Refer everyone not currently receiving AFDC and Food Stamps to these programs at each certification. Document these referrals by circling the appropriate program(s).

Note other non-health referrals here. Note all health and social service referrals on the Certification form.

6. PARTICIPANT SIGNATURE Have the participant sign here.

7. STAFF SIGNATURE Sign your full name, not just your initials.

8. DATE Write the full date (month/day/year) on which you determined income eligibility.

MASSACHUSETTS WIC PROGRAM INCOME ELIGIBILITY JULY 1, 1988 - JUNE 30, 1989

Name _____ # _____
 Parent/Guardian _____
 Street _____
 City/Town _____
 Phone _____
 Change _____

| HOUSEHOLD | | | |
|----------------------------|--------|---------|--------|
| SIZE | YEARLY | MONTHLY | WEEKLY |
| 1 | 10,675 | 890 | 206 |
| 2 | 14,301 | 1,192 | 276 |
| 3 | 17,927 | 1,494 | 345 |
| 4 | 21,553 | 1,797 | 415 |
| 5 | 25,179 | 2,099 | 485 |
| 6 | 28,805 | 2,401 | 554 |
| 7 | 32,431 | 2,703 | 624 |
| 8 | 36,057 | 3,005 | 694 |
| EACH ADD. HOUSEHOLD MEMBER | | | |
| | 3,626 | 303 | 70 |

Address _____ Staff _____
 Change: Verified Self-declared initials _____ Date _____

INCOME \$ _____ FREQUENCY: yearly monthly bi-weekly weekly HOUSEHOLD SIZE _____
 DOCUMENTATION _____ RECEIVES: AFDC Food Stamps
 or Med. Card # _____ Cat _____ DISCUSSED/REFERRED TO: AFDC Food Stamps
 Residency: Verified Self-declared Other _____
 PART. _____ STAFF _____
 SIG. _____ SIG. _____ DATE _____

INCOME \$ _____ FREQUENCY: yearly monthly bi-weekly weekly HOUSEHOLD SIZE _____
 DOCUMENTATION _____ RECEIVES: AFDC Food Stamps
 or Med. Card # _____ Cat _____ DISCUSSED/REFERRED TO: AFDC Food Stamps
 Residency: Verified Self-declared Other _____
 PART. _____ STAFF _____
 SIG. _____ SIG. _____ DATE _____

TERMINATION DOCUMENTATION

Reason
 5 years old(1) _____ Non-resident(3) _____ Missed _____ & _____ VPU(4)
 1 year PP-BF(1) _____ Transfer to(3) _____ No Repeat Cert.(5) _____
 6 mo. PP (1) _____ Over income(7) _____ Other _____
 No longer BF(1,8) _____ No nutr. risk(2) _____
 6 wk PP(8) _____ Waiting list(8) _____
 (DOD _____)

Last month eligible _____ Date on vouchers _____

Type of notification _____ Date given/mailed _____ Staff init. _____

DRAFT

MY RIGHTS AS A WIC PARTICIPANT:

1. I will be told how long I will be on the program when I am certified. I will be told how to reapply when my certification period ends.
2. I will receive WIC vouchers, nutrition education, and referrals to health and social service agencies. This service will be polite and helpful.
3. My WIC store will offer me polite service and enough WIC foods for me to use my vouchers. I will report any problems to the WIC Program. (I do not have to give my name.)
4. If I am to be taken off the WIC Program, I will be told why at least 15 days in advance.
5. I may reapply for WIC if I am taken off the program.
6. I may appeal any decision made by the WIC Program about my eligibility. My WIC Program or the State WIC Office (1-800-WIC-1007) will help me apply for a fair hearing.
7. My WIC records are confidential. However, I give permission for these records to be released for the following reasons: state and federal audits (my name will not be used), transfer to another WIC Program, or if requested by my health care provider. Any other person who wants information must get my written permission.
8. This is an Equal Opportunity Program. If I believe I have been discriminated against because of race, color, national origin, age, sex, or handicap, I may write to the Secretary of Agriculture, Washington, DC 20250.

MY RESPONSIBILITIES AS A WIC PARTICIPANT:

1. I will use my food vouchers correctly; if not, I may be taken off the WIC Program for up to 3 months.
2. If I do not pick up my vouchers two months in a row, I will be taken off the WIC Program.
3. I will pick up my vouchers on time; if not, I may not get all my vouchers.
4. At the end of my certification period, I will make an appointment if I want to reapply to WIC.
5. I will tell the WIC Program if my address or phone number changes.
6. I will provide proof of my household's current total income and address.
7. I will not receive vouchers for the same person at more than one WIC Program or site at a time.
8. If I am verbally or physically abusive to WIC staff or WIC store clerks, I may be taken off the WIC Program for up to 3 months.
9. If I give false information to WIC, I may have to pay WIC back for all my vouchers.

I have been advised of my rights and responsibilities under the WIC Program. I certify that the information I have provided for my eligibility determination is correct, to the best of my knowledge. Program officials may verify information I have given. I understand that deliberate misrepresentation may subject me to civil or criminal prosecution under State and Federal law.

I understand my rights and responsibilities under the WIC Program. The information I have provided about address, total current household income, medical and food information is correct, to the best of my knowledge. I understand that if I have not told the truth, or if I use WIC vouchers incorrectly, I may be prosecuted under State and Federal law.

Date _____ Signature _____ Witness _____

Date _____ Signature _____ Witness _____



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NUTRITIONAL RISK

A PERSON MUST HAVE A NUTRITIONAL RISK FACTOR TO BE ELIGIBLE FOR WIC.

USE THE FOLLOWING INFORMATION TO DETERMINE NUTRITIONAL RISK:

- o ANTHROPOMETRIC MEASUREMENTS
- o HEMATOLOGICAL VALUES
- o DIET ASSESSMENT
- o NUTRITION ASSESSMENT

DOCUMENT ALL INFORMATION USED TO DETERMINE NUTRITIONAL RISK IN THE PARTICIPANT'S RECORD.

For detailed instructions on obtaining nutritional risk information and documenting it in the participant record, see the following Massachusetts WIC Program publications:

- Instruction Guide for Assessment and Certification of Pregnant Women
- Instruction Guide for Assessment and Certification of Postpartum and Lactating Women
- Instruction Guide for Assessment and Certification of Infants
- Instruction Guide for Assessment and Certification of Children

** IF THE APPLICANT IS AT NUTRITIONAL RISK AND IN A PRIORITY YOU CURRENTLY SERVE:

1. Choose an appropriate certification reason for the applicant.
2. Continue the certification process for the applicant.

**** IF THE APPLICANT IS AT NUTRITIONAL RISK, BUT IN A PRIORITY YOU DO NOT CURRENTLY SERVE:**

1. Offer her/him the opportunity to go on your waiting list. Give her/him a "WAITING LIST LETTER" if s/he is interested.

See the MANAGING A WAITING LIST section of this Procedure Manual.

2. Give the person a "NOT ELIGIBLE LETTER" indicating the appropriate reason for not being eligible.

See the INELIGIBILITY AT INITIAL CERTIFICATION section of this Procedure Manual.

3. Give the person information on the fair hearing process.

See the THE RIGHT TO A FAIR HEARING section of this Procedure Manual.

**** IF THE APPLICANT IS NOT AT NUTRITIONAL RISK:**

1. Explain the reason for ineligibility.
2. Give a "NOT ELIGIBLE LETTER" indicating "Not at nutritional risk".

See the INELIGIBILITY AT INITIAL CERTIFICATION section of this Procedure Manual.

3. Give the person information on the fair hearing process.

See the THE RIGHT TO A FAIR HEARING section of this Procedure Manual.

NUTRITIONAL ASSESSMENT FOR CERTIFICATION

COMPLETE A NUTRITIONAL ASSESSMENT FOR EACH PARTICIPANT AS PART OF THE CERTIFICATION PROCESS.

USE ONLY THE RISK FACTORS IN THE "NUTRITIONAL RISK CRITERIA FOR CERTIFICATION" FOR THE CURRENT FISCAL YEAR.

The nutrition assessment enables you to:

- o identify each person's nutritional risk factors to determine eligibility
- o determine each participant's individual concerns and needs for nutrition education and counseling
- o determine each participant's nutritional needs in order to appropriately tailor the food package.

Assess each applicant's nutritional status by:

1. reviewing the medical referral form,
2. obtaining and reviewing the assessment form or questionnaire
3. assessing information from the participant.

You may assess applicants individually or in groups, although high-risk applicants or participants should be certified individually by a nutritionist. If you certify a high-risk participant in a group, offer to see her/him individually as well.

Low-risk participants may also be certified individually if you think they would not be comfortable in a group or if they request an individual appointment.

FOR GROUP CERTIFICATIONS

Collect and assess diet and health information from the Nutrition Questionnaires which are:

- sent out prior to a group and either mailed or brought by the participant

OR

- completed in the waiting room prior to the group

OR

- completed as part of the group activity.

Choose a method that gives you enough time to assess the information on the Questionnaires.

For nutrition education at a group initial certification, explain the WIC program, the WIC foods, the use of vouchers, the participant's rights and responsibilities while on WIC, and scheduling of secondary contacts or follow-ups.

FOR INDIVIDUAL CERTIFICATIONS

Collect the diet and health information by:

- interviewing the participant using the Nutrition Assessment form

OR

- asking the participant to complete the Nutrition Questionnaire.

For nutrition education at an individual certification, use the nutrition/health information collected during the interview and the participant's stated needs and interests to determine one or two main areas of concern. Focus your counseling on the issue of highest priority.

Assess each participant's dietary information before you assign a food package, regardless of whether the participant is certified individually or in a group.

THE "NUTRITIONAL RISK CRITERIA FOR CERTIFICATION"

Use only the reasons listed in the "Nutritional Risk Criteria for Certification" to determine WIC eligibility. The Risk Criteria contains the following sections:

Nutritional Risk Criteria Divided into the following sections:

- o Pregnant Women
- o Postpartum, Non-Breastfeeding Women
- o Breastfeeding Women
- o Infants
- o Children

Each section is further divided into categories of risk. The categories for women are:

- Pattern of Weight Gain
- Present Health/Medical Conditions
- Conditions That Predispose to Nutritional Risk
- History of Previous/Most Recent Pregnancies
- Hematological
- Inadequate Food Intake

The categories for infants and children are:

- Birth Outcome (for infants 0-6 months)
- Anthropometric
- Present Health/Medical Conditions
- Hematological
- Conditions that Predispose to Nutritional Risk
- Inadequate Food Intake

Height and Weight Table/Determination of Frame Size Use this table to determine pattern of weight gain for prenatal and postpartum women.

Caffeine Content of Selected Items Use this table to determine caffeine intakes.

Priority System for Nutritional Risk Criteria This chart lists the breakdown of all risk criteria by category and degree of risk.

List of Priorities This chart lists all the priorities for each group (W1, W2, W3, I and C).

USING THE "RISK CRITERIA"

The Risk Criteria

The "Nutritional Risk Criteria for Certification" have been set up to help your program best utilize its nutrition staff. CPA choices were made based on the applicant's degree of risk and the amount of nutrition knowledge needed by a CPA for effective counseling; they were not based on priority. Therefore, CPAs may see people having risks of different priorities.

All postpartum teens, both breastfeeding and non-breastfeeding, are classified under nutritionist categories as the baby and mother are considered a high-risk pair.

Scheduling the Appointment

Schedule the appointment based on the highest risk factor evident on the Medical Referral Form. Next to each reason in the "Standard" column, the "CPA" column indicates which CPAs may certify applicants with that risk factor, and the order in which they should do so.

| EXAMPLE: | <u>Priority</u> | <u>CPA</u> | <u>Standard</u> |
|----------|-----------------|------------|------------------|
| | 1B | II,N | * LEAD POISONING |

Although both CPA IIs and Nutritionists may certify applicants with lead poisoning, the CPA II should be utilized first.

If a CPA II or I sees a high-risk participant because the risk factor was not evident from the Medical Referral Form but was determined during the appointment, s/he must have the nutritionist consult on the assessment/plan and sign off on the chart; s/he must then schedule a high-risk individual appointment with the nutritionist for the participant.

Documenting the Risk Factor

WRITE THE RISK REASON EXACTLY AS IT APPEARS IN THE "RISK CRITERIA" IN CAPITAL LETTERS. Information beneath the risk reason is explanatory and does not need to be written on the certification form.

Risk factors with a * next to them must be documented by the participant's health care provider, either on the Medical Referral Form or verbally, followed by written confirmation. Risk reasons with a † next to them need a dentist's documentation.



Special Supplemental Food Program
For Women, Infants, and Children

NUTRITIONAL RISK CRITERIA FOR CERTIFICATION

MASSACHUSETTS WIC PROGRAM

Department of Public Health
150 Tremont Street, 3rd floor
Boston, MA 02111

EFFECTIVE 10/1/88 - 9/30/89

Massachusetts WIC Program
NUTRITIONAL RISK CRITERIA

Effective 10/1/88 - 9/30/89

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Massachusetts WIC Program

NUTRITIONAL RISK CRITERIA

Effective 10/1/88 - 9/30/89

PREGNANT WOMEN (Status 1)

SECTION 2: PROCEDURE MANUAL
 PART IV: PROGRAM ADMINISTRATION
 SECTION A.4a(4a)
 PAGE: 7
 DATE: 8/88

NOTE: The order in which CPAs are listed indicates the most appropriate staff to utilize.

 PRESENT HEALTH/MEDICAL CONDITIONS

| Priority | CPA | Standard |
|----------|------|--|
| 1A | N | * OBSTETRICAL COMPLICATIONS Including: - excessive edema - preeclampsia - hypertension - placenta praevia - hyperemesis gravidarum |
| 1A | N | * CHRONIC CONDITION RELATED TO NUTRITIONAL STATUS Cardiac, hypertensive, renal, gastrointestinal or other chronic condition affected by or impacting on nutritional status including: - sickle cell anemia - cancer - diabetes - Inborn error of metabolism - metabolic disorder - G6PD deficiency - thalassemia |
| 1A | N | * GESTATIONAL DIABETES |
| 1A | N | * FOLIC ACID DEFICIENCY |
| 1A | N | MULTIPLE FETUSES IN UTERO |
| 1A | N | * FOOD ALLERGY |
| 1A | N | * FREQUENT EPISODES OF INFECTIOUS DISEASE - hepatitis - intestinal parasites - respiratory - AIDS/ARC/HIV+ - tuberculosis |
| 1B | II,N | FOOD INTOLERANCE |
| 1B | II,N | * LEAD POISONING |
| 1B | II,N | PICA Chronic consumption of nonfood items such as dirt, chalk, clay, cornstarch |
| 1B | II,N | POOR ORAL HEALTH - obvious dental caries † - four or more cavities or two large cavities possibly involving the pulp † - advanced severe periodontitis † - fewer than six occluding natural or artificial posterior teeth † - in need of immediate dental care due to pain or infection |

* REQUIRES M.D. DIAGNOSIS/DOCUMENTATION ON THE MEDICAL REFERRAL FORM.

† REQUIRES D.D.S. DIAGNOSIS/DOCUMENTATION ON THE DENTAL REFERRAL FORM.

8/1/88

PREGNANT WOMEN (continued)

NOTE: The order in which CPAs are listed indicates the most appropriate staff to utilize.

CONDITIONS THAT PREDISPOSE TO NUTRITIONAL RISK

| Priority | CPA | Standard |
|----------|------|---|
| 1A | N | MENTAL RETARDATION OR MENTAL ILLNESS |
| 1A | N | EXCESSIVE ALCOHOL INTAKE <ul style="list-style-type: none"> - more than 1 ounce pure (80 proof) alcohol daily - more than 2 drinks daily - more than 5 drinks at one sitting <p style="margin-left: 100px;">1 ounce pure alcohol = 2 ounces whiskey = 2 12-oz. beers = 2 4-oz. glasses of wine</p> |
| 1A | N | DRUG USE <ul style="list-style-type: none"> - any amount of illicit drugs - prescription or over the counter medications in doses other than the recommended |
| 1A | N | SMOKING <ul style="list-style-type: none"> - any amount |
| 1A | N | MATERNAL AGE AT ONSET OF PREGNANCY 19 OR LESS Maternal age at onset of this pregnancy 19 years or less |
| 1B | II,N | MATERNAL AGE AT ONSET OF PREGNANCY MORE THAN 35 YEARS Maternal age at onset of this pregnancy greater than 35 years |

HISTORY OF PREVIOUS PREGNANCIES

| Priority | CPA | Standard |
|----------|------|---|
| 1A | N | * BIRTH WEIGHT 5LB. 8OZ./2500 GMS OR LESS |
| 1A | N | * PREMATURE BIRTH 38 weeks gestation or less |
| 1A | N | STILLBIRTH |
| 1A | N | NEONATAL DEATH Occurring within 28 days postpartum |
| 1A | N | * INFANT WITH CONGENITAL ANOMALIES |
| 1A | N | * OBSTETRICAL COMPLICATIONS Including: <ul style="list-style-type: none"> - eclampsia - preeclampsia - hypertension - placenta praevia - hyperemesis gravidarum |
| 1A | N | EXCESSIVE OR INADEQUATE WEIGHT GAIN |
| 1B | II,N | ICP LESS THAN 16 MONTHS Interconceptional period (interval from termination of last pregnancy to conception of this pregnancy) less than 16 months |
| 1B | II,N | * SPONTANEOUS ABORTION |
| 1B | II,N | * IRON DEFICIENCY ANEMIA |
| 1B | II,N | * GRAVIDA 6 Five or more previous pregnancies |
| 1B | II,N | * 3 OR MORE THERAPEUTIC ABORTIONS |

* REQUIRES M.D. DIAGNOSIS/DOCUMENTATION ON THE MEDICAL REFERRAL FORM.

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PREGNANT WOMEN (continued)

SECTION 2: PROCEDURE MANUAL
PART IV: PROGRAM ADMINISTRATION
SECTION A. 4a(4a)
PAGE: 9
DATE: 8/88

NOTE: The order in which CPAs are listed indicates the most appropriate staff to utilize.

PATTERN OF WEIGHT GAIN

| Priority | CPA | Standard |
|----------|-----|---|
| 1A | N | WEIGHT LOSS DURING PREGNANCY |
| 1A | N | PREGRAVID WEIGHT ABOVE STANDARD RANGE FOR HEIGHT See page 16 |
| 1A | N | PREGRAVID WEIGHT BELOW STANDARD RANGE FOR HEIGHT See page 16 |
| 1A | N | RATE OF GAIN ABOVE MA WIC PRENATAL WEIGHT GRID Rate of weight gain above Massachusetts WIC prenatal weight gain grid |
| 1A | N | RATE OF GAIN BELOW MA WIC PRENATAL WEIGHT GRID Rate of weight gain below Massachusetts WIC prenatal weight gain grid |

HEMATOLOGICAL

| Priority | CPA | Standard |
|----------|------|------------------------------|
| 1B | 11,N | FEP 35UG/100ML OR GREATER |
| 1B | 11,N | LEAD 25MG/100ML OR GREATER |
| 1B | 11,N | HEMATOCRIT 37% OR LESS |
| 1B | 11,N | HEMOGLOBIN 72% OR LESS |
| 1B | 11,N | HEMOGLOBIN 12G/100ML OR LESS |

INADEQUATE FOOD INTAKE

| Priority | CPA | Standard |
|----------|------|--|
| 4A | 11,N | ONE SERVING BELOW STANDARD One serving below recommended number of servings in any one food group, using lower end of range as standard, as documented on the Massachusetts WIC assessment form |
| 4A | 11,N | EXCESSIVE CAFFEINE INTAKE - more than 4 cups of coffee per day - 400 mg caffeine or more per day (see page 17) |

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SECTION 2: PROCEDURE MANUAL
PART IV: PROGRAM ADMINISTRATION
SECTION A. 4a(4a)
PAGE: 10
DATE: 8/88

POSTPARTUM, NON-BREASTFEEDING WOMEN (Status 2)

NOTE: The order in which CPAs are listed indicates the most appropriate staff to utilize.

PATTERN OF WEIGHT GAIN

| Priority | CPA | Standard |
|----------|------|--|
| 6B | 11,N | POSTPARTUM WEIGHT BELOW STANDARD RANGE FOR HEIGHT See page 16 |
| 6B | 11,N | POSTPARTUM WEIGHT ABOVE STANDARD RANGE FOR HEIGHT See page 16 |
| 6B | 11,N | TOTAL WEIGHT GAIN BELOW MA WIC PRENATAL WEIGHT GRID Total amount of weight gain below Massachusetts WIC prenatal weight gain grid |
| 6B | 11,N | TOTAL WEIGHT GAIN ABOVE MA WIC PRENATAL WEIGHT GRID Total amount of weight gain above Massachusetts WIC prenatal weight gain grid |

PRESENT HEALTH/MEDICAL CONDITIONS

| Priority | CPA | Standard |
|----------|------|--|
| 6A | N | * CHRONIC CONDITION RELATED TO NUTRITIONAL STATUS Cardiac, hypertensive, renal, gastrointestinal or other chronic condition affected by or impacting on nutritional status including: - sickle cell anemia - cancer - diabetes - Inborn error of metabolism - metabolic disorder - G6PD deficiency - thalassemia |
| 6A | N | * FOOD ALLERGY |
| 6A | N | * FREQUENT EPISODES OF INFECTIOUS DISEASE - hepatitis - intestinal parasites - respiratory - AIDS/ARC/HIV+ - tuberculosis |
| 6B | 11,N | FOOD INTOLERANCE |
| 6B | 11,N | * LEAD POISONING |
| 6B | 11,N | POOR ORAL HEALTH - obvious dental caries † - four or more cavities or two large cavities possibly involving the pulp † - advanced severe periodontitis † - fewer than six occluding natural or artificial posterior teeth † - in need of immediate dental care due to pain or infection |

* REQUIRES M.D. DIAGNOSIS/DOCUMENTATION ON THE MEDICAL REFERRAL FORM.

† REQUIRES D.D.S. DIAGNOSIS/DOCUMENTATION ON THE DENTAL REFERRAL FORM.

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POSTPARTUM, NON-BREASTFEEDING WOMEN (continued)

NOTE: The order in which CPAs are listed indicates the most appropriate staff to utilize.

CONDITIONS THAT PREDISPOSE TO NUTRITIONAL RISK

| Priority | CPA | Standard |
|----------|-----|--|
| 4B | N | MATERNAL AGE AT ONSET OF PREGNANCY 19 OR LESS Maternal age at the onset of this pregnancy 19 or less |
| 6A | N | MENTAL RETARDATION/MENTAL ILLNESS |
| 6A | N | EXCESSIVE ALCOHOL INTAKE - more than 1 ounce pure (80 proof) alcohol daily - more than 2 drinks daily - more than 5 drinks at one sitting 1 ounce pure alcohol = 2 ounces whiskey = 2 12-ounce beers = 2 4-ounce glasses of wine |
| 6A | N | DRUG USE - any amount of illicit drugs - prescription or over the counter medications in doses other than the recommended |

HISTORY OF MOST RECENT PREGNANCY

| Priority | CPA | Standard |
|----------|------|---|
| 6A | N | * BIRTH WEIGHT 5LB. 8OZ./2500 GMS OR LESS |
| 6A | N | * PREMATURE BIRTH 38 weeks gestation or less |
| 6A | N | * INFANT WITH CONGENITAL ANOMALIES |
| 6A | N | * OBSTETRICAL COMPLICATIONS Including: - eclampsia - preeclampsia - hypertension - placenta praevia - hyperemesis gravidarum |
| 6B | II,N | ICP LESS THAN 16 MONTHS Interconceptional period (Interval from termination of last pregnancy to conception of this pregnancy) less than 16 months |
| 6B | II,N | * IRON DEFICIENCY ANEMIA |
| 6B | II,N | CESAREAN SECTION Initial certification only |
| 6B | II,N | SPONTANEOUS ABORTION After 20 weeks gestation |

* REQUIRES M.D. DIAGNOSIS/DOCUMENTATION ON THE MEDICAL REFERRAL FORM.

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Massachusetts WIC Program

NUTRITIONAL RISK CRITERIA

Effective 10/1/88 - 9/30/89

POSTPARTUM, NON-BREASTFEEDING WOMEN (continued)

NOTE: The order in which CPAs are listed indicates the most appropriate staff to utilize.

HEMATOLOGICAL

| <u>Priority</u> | <u>CPA</u> | <u>Standard</u> |
|-----------------|------------|------------------------------|
| 6B | II,N | FEP 35UG/100ML OR GREATER |
| 6B | II,N | LEAD 25MG/100ML OR GREATER |
| 6B | II,N | HEMATOCRIT 37% OR LESS |
| 6B | II,N | HEMOGLOBIN 72% OR LESS |
| 6B | II,N | HEMOGLOBIN 12G/100ML OR LESS |

INADEQUATE FOOD INTAKE

| <u>Priority</u> | <u>CPA</u> | <u>Standard</u> |
|-----------------|------------|--|
| 6B | II,N | ONE SERVING BELOW STANDARD One serving below recommended number of servings in any one food group, using lower end of range as standard, as documented on the Massachusetts WIC assessment form |

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Massachusetts WIC Program

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BREASTFEEDING WOMEN (Status 3)

SECTION 2: PROCEDURE MANUAL
PART IV: PROGRAM ADMINISTRATION
SECTION A. 4a(4a)
PAGE: 13
DATE: 8/88

NOTE: The order in which CPAs are listed indicates the most appropriate staff to utilize.

PATTERN OF WEIGHT GAIN

| Priority | CPA | Standard |
|----------|-----|--|
| 1A | N | POSTPARTUM WEIGHT ABOVE STANDARD RANGE FOR HEIGHT See page 16 |
| 1A | N | POSTPARTUM WEIGHT BELOW STANDARD RANGE FOR HEIGHT See page 16 |
| 1A | N | TOTAL WEIGHT GAIN ABOVE MA WIC PRENATAL WEIGHT GRID Total amount of weight gain above Massachusetts WIC prenatal weight gain grid |
| 1A | N | TOTAL WEIGHT GAIN BELOW MA WIC PRENATAL WEIGHT GRID Total amount of weight gain below Massachusetts WIC prenatal weight gain grid |

PRESENT HEALTH/MEDICAL CONDITIONS

| Priority | CPA | Standard |
|----------|------|--|
| 1A | N | * CHRONIC CONDITION RELATED TO NUTRITIONAL STATUS Cardiac, hypertensive, renal, gastrointestinal or other chronic condition affected by or impacting on nutritional status including: - sickle cell anemia - cancer - diabetes - Inborn error of metabolism - metabolic disorder - G6PD deficiency - thalassemia |
| 1A | N | * FREQUENT EPISODES OF INFECTIOUS DISEASE - hepatitis - intestinal parasites - respiratory - AIDS/ARC/HIV+ (Note: these women are advised not to breastfeed.) - tuberculosis |
| 1A | N | * FOOD ALLERGY |
| 1B | II,N | FOOD INTOLERANCE |
| 1B | II,N | * LEAD POISONING |
| 1B | II,N | POOR ORAL HEALTH - obvious dental caries † - four or more cavities or two large cavities possibly involving the pulp † - advanced severe periodontitis † - fewer than six occluding natural or artificial posterior teeth † - In need of immediate dental care due to pain or infection |

* REQUIRES M.D. DIAGNOSIS/DOCUMENTATION ON THE MEDICAL REFERRAL FORM.
† REQUIRES D.D.S. DIAGNOSIS/DOCUMENTATION ON THE DENTAL REFERRAL FORM.

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BREASTFEEDING WOMEN (continued)

NOTE: The order in which CPAs are listed indicates the most appropriate staff to utilize.

CONDITIONS THAT PREDISPOSE TO NUTRITIONAL RISK

| Priority | CPA | Standard |
|----------|------|---|
| 1A | N | MENTAL RETARDATION/MENTAL ILLNESS |
| 1A | N | EXCESSIVE ALCOHOL INTAKE <ul style="list-style-type: none"> - more than 1 ounce pure (80 proof) alcohol daily - more than 2 drinks daily - more than 5 drinks at one sitting <p style="margin-left: 100px;">1 ounce pure alcohol = 2 ounces whiskey = 2 12 oz. beers = 2 4 oz. glasses of wine</p> |
| 1A | N | DRUG USE <ul style="list-style-type: none"> - any amount of illicit drugs - prescription or over the counter drugs in doses other than the recommended |
| 1A | N | SMOKING <ul style="list-style-type: none"> - any amount |
| 1A | N | MATERNAL AGE AT ONSET OF PREGNANCY 19 YEARS OR LESS Maternal age at onset of this pregnancy 19 years or less |
| 1A | N | BREASTFEEDING MORE THAN ONE INFANT |
| 1A | N | BREASTFEEDING A PRIORITY 1A INFANT |
| 1B | II,N | BREASTFEEDING A PRIORITY 1B INFANT |
| 2A | II,N | BREASTFEEDING A PRIORITY 2A INFANT Breastfeeding a WIC infant |
| 2B | II,N | BREASTFEEDING A PRIORITY 2B INFANT |
| 4A | II,N | BREASTFEEDING A PRIORITY 4A INFANT |

HISTORY OF MOST RECENT PREGNANCY

| Priority | CPA | Standard |
|----------|------|---|
| 1A | N | * BIRTH WEIGHT 5LB. 8OZ./2500 GMS OR LESS |
| 1A | N | * PREMATURE BIRTH 38 weeks gestation or less |
| 1A | N | * INFANT WITH CONGENITAL ANOMALIES |
| 1A | N | * OBSTETRICAL COMPLICATIONS Including: <ul style="list-style-type: none"> - eclampsia - preeclampsia - hypertension - placenta praevia - hyperemesis gravidarum |
| 1B | II,N | ICP LESS THAN 16 MONTHS Interconceptional period (interval from termination of last pregnancy to conception of this pregnancy) less than 16 months |
| 1B | II,N | * IRON DEFICIENCY ANEMIA |
| 1B | II,N | CESAREAN SECTION Initial certification only |

* REQUIRES M.D. DIAGNOSIS/DOCUMENTATION ON THE MEDICAL REFERRAL FORM.

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BREASTFEEDING WOMEN (continued)

SECTION 2: PROCEDURE MANUAL
PART IV: PROGRAM ADMINISTRATION
SECTION A. 4a(4a)
PAGE: 15
DATE: 8/88

NOTE: The order in which CPAs are listed indicates the most appropriate staff to utilize.

HEMATOLOGICAL

| <u>Priority</u> | <u>CPA</u> | <u>Standard</u> |
|-----------------|------------|------------------------------|
| 1B | 11,N | FEP 35UG/100ML OR GREATER |
| 1B | 11,N | LEAD 25MG/100ML OR GREATER |
| 1B | 11,N | HEMATOCRIT 37% OR LESS |
| 1B | 11,N | HEMOGLOBIN 72% OR LESS |
| 1B | 11,N | HEMOGLOBIN 12G/100ML OR LESS |

INADEQUATE FOOD INTAKE

| <u>Priority</u> | <u>CPA</u> | <u>Standard</u> |
|-----------------|------------|--|
| 4A | 11,N | ONE SERVING BELOW STANDARD One serving below recommended number of servings in any one food group, using lower end of range as standard, as documented on the Massachusetts WIC assessment form |
| 4A | 11,N | EXCESSIVE CAFFEINE INTAKE - more than 4 cups of coffee per day - 400 mg caffeine or more per day (see page 17) |

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INFANTS (Status 4-7)

SECTION 2: PROCEDURE MANUAL
PART IV: PROGRAM ADMINISTRATION
SECTION A. 4a(4a)
PAGE: 16
DATE: 8/88

NOTE: The order in which CPAs are listed indicates the most appropriate staff to utilize.

BIRTH OUTCOME (0-6 months only)

| Priority | CPA | Standard |
|----------|------|--|
| 1A | N | * BIRTH WEIGHT 5LB. 8OZ./2500 GMS OR LESS |
| 1A | N | * PREMATURE BIRTH 38 weeks gestation or less |
| 1B | II,N | * BIRTH WEIGHT MORE THAN 11 LBS. |
| 1B | II,N | * POSTMATURE BIRTH More than 42 weeks gestation |

ANTHROPOMETRIC

| Priority | CPA | Standard |
|----------|------|---|
| 1A | N | WEIGHT FOR LENGTH BELOW 10TH PERCENTILE |
| 1A | N | WEIGHT FOR AGE BELOW 5TH PERCENTILE |
| 1A | N | LENGTH FOR AGE BELOW 5TH PERCENTILE |
| 1A | N | NO INCREASE FROM PREVIOUS MEASUREMENT Measurements more than one month apart - length - weight |
| 1A | N | DECREASE FROM PREVIOUS MEASUREMENT Measurements more than one month apart - weight |
| 1A | N | DECREASE OF 2 MAJOR PERCENTILES - length for age - weight for age - weight for length |
| 1B | II,N | WEIGHT FOR LENGTH 10-25TH PERCENTILE |
| 1B | II,N | WEIGHT FOR AGE 5-10TH PERCENTILE |
| 1B | II,N | LENGTH FOR AGE 5-10TH PERCENTILE |
| 1B | II,N | WEIGHT FOR LENGTH 90TH PERCENTILE OR GREATER |

* REQUIRES M.D. DIAGNOSIS/DOCUMENTATION ON THE MEDICAL REFERRAL FORM.

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SECTION 2: PROCEDURE MANUAL
PART IV: PROGRAM ADMINISTRATION
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INFANTS (continued)

NOTE: The order in which CPAs are listed indicates the most appropriate staff to utilize.

PRESENT HEALTH/MEDICAL CONDITIONS

| Priority | CPA | Standard |
|----------|------|---|
| 1A | N | * CHRONIC CONDITION RELATED TO NUTRITIONAL STATUS Cardiac, hypertensive, renal, gastrointestinal or other chronic condition affected by or impacting on nutritional status including: - celiac disease - cystic fibrosis - sickle cell anemia - inborn error of metabolism - metabolic disorder - G6PD deficiency - thalassemia |
| 1A | N | * FAILURE TO THRIVE |
| 1A | N | * REPEATED EPISODES OF G.I. DISTURBANCES Including: - diarrhea - constipation - vomiting - colic |
| 1A | N | * FREQUENT EPISODES OF INFECTIOUS DISEASE - hepatitis - intestinal parasites - respiratory - AIDS/ARC/HIV+ - tuberculosis |
| 1A | N | * FOOD ALLERGY |
| 1A | N | FOOD INTOLERANCE |
| 1A | N | TRAUMATIC INJURY/BURNS/SURGERY Within the last month |
| 1A | N | * CONGENITAL ANOMALY Impairing feeding or utilization of nutrients, such as cleft palate |
| 1B | II,N | * LEAD POISONING |
| 1B | II,N | PICA Chronic consumption of nonfood items such as dirt, paper, paint chips, baby wipes |

HEMATOLOGICAL

| Priority | CPA | Standard |
|----------|------|------------------------------|
| 1B | II,N | FEP 35UG/100ML OR GREATER |
| 1B | II,N | LEAD 25MG/100ML OR GREATER |
| 1B | II,N | HEMATOCRIT 35% OR LESS |
| 1B | II,N | HEMOGLOBIN 72% OR LESS |
| 1B | II,N | HEMOGLOBIN 12G/100ML OR LESS |

* REQUIRES M.D. DIAGNOSIS/DOCUMENTATION ON THE MEDICAL REFERRAL FORM.

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INFANTS (continued)

NOTE: The order in which CPAs are listed indicates the most appropriate staff to utilize.

CONDITIONS THAT PREDISPOSE TO NUTRITIONAL RISK

| Priority | CPA | Standard |
|----------|------|--|
| 1A | N | INFANT OF A PRIORITY 1A BREASTFEEDING WOMAN |
| 1A | N | MOTHER/CARETAKER WITH MENTAL ILLNESS/MENTAL RETARDATION |
| 1A | N | MOTHER/CARETAKER WITH DRUG/ALCOHOL ABUSE |
| 4A | N | MOTHER/CARETAKER AGED 19 YEARS OR LESS Mother not breastfeeding |
| 1B | II,N | INFANT OF A PRIORITY 1B BREASTFEEDING WOMAN |
| 2A | II,N | WIC INFANT Infant 0-6 months born to a woman enrolled on WIC during her pregnancy |
| 2B | II,N | INFANT OF A HIGH-RISK MOTHER Infant 0-6 months born to a woman eligible for WIC during her pregnancy but not enrolled |
| 4A | II,N | INFANT OF A PRIORITY 4A BREASTFEEDING WOMAN |
| 4A | II,N | CHRONIC EAR INFECTIONS |
| 4A | II,N | MENTAL RETARDATION/MENTAL ILLNESS |

INADEQUATE FOOD INTAKE

| Priority | CPA | Standard |
|----------|------|---|
| 4A | II,N | ONE SERVING BELOW STANDARD Less than the recommended intake of any one of the following nutrients, as documented on the Massachusetts WIC assessment form: <ul style="list-style-type: none"> - protein - calcium - iron - vitamin C - vitamin D - kilocalories - fluoride |
| 4A | II,N | INAPPROPRIATE FOOD PRACTICES Food practices negatively impacting on nutritional status as documented on the Massachusetts WIC assessment form, including: <ul style="list-style-type: none"> - introduction of solid foods before 4 months of age (for infants 0-4 months) - introduction of whole cow's milk before 6 months of age (for infants 0-6 months) - no introduction of solid foods by 6 months of age - no introduction of cup by 6 months of age - use of skim milk - more than 2 feedings of sweet foods and/or beverages per 24 hour period - inappropriate use of bottle such as propping, bottle to bed, solid food in bottle, other food in bottle (corn syrup, belkost) - use of honey, corn syrup, caffeine products, remedies having negative nutritional impact - improper formula dilution - excessive formula intake (> 52 fluid ounces per day) |

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CHILDREN (Status 8)

SECTION 2: PROCEDURE MANUAL
PART IV: PROGRAM ADMINISTRATION
SECTION A. 4a(4a)
PAGE: 19
DATE: 8/88

NOTE: The order in which CPAs are listed indicates the most appropriate staff to utilize.

PRESENT HEALTH/MEDICAL CONDITIONS

| Priority | CPA | Standard |
|----------|--------|--|
| 3A | N | * AIDS/ARC/HIV+ |
| 3A | N | * CHRONIC CONDITION RELATED TO NUTRITIONAL STATUS Cardiac, hypertensive, renal, gastrointestinal, or other chronic condition affected by or impacting on nutritional status including: - celiac disease - cystic fibrosis - sickle cell anemia - inborn error of metabolism - metabolic disorder - diabetes - G6PD deficiency - thalassemia |
| 3A | N | * FAILURE TO THRIVE |
| 3A | N | * FOOD ALLERGY |
| 3A | N | TRAUMATIC INJURY/BURNS/SURGERY Within the last month |
| 3A | N | * HEPATITIS |
| 3A | N | * INTESTINAL PARASITES |
| 3A | N | * TUBERCULOSIS |
| 3A | N | * CONGENITAL ANOMALY Impairing feeding or utilization of nutrients, such as cleft palate |
| 3B | I,II,N | FOOD INTOLERANCE |
| 3B | I,II,N | * LEAD POISONING |
| 3C | I,II,N | POOR ORAL HEALTH - obvious dental caries - four or more cavities or two large cavities possibly involving the pulp - advanced severe periodontitis - fewer than six occluding natural or artificial posterior teeth - in need of immediate dental care due to pain or infection |
| 3C | I,II,N | PICA Chronic consumption of nonfood items such as dirt, chalk, clay, paper, paint chips, cigarette butts and large amounts of ice |

- * REQUIRES M.D. DIAGNOSIS/DOCUMENTATION ON THE MEDICAL REFERRAL FORM.
† REQUIRES D.D.S. DIAGNOSIS/DOCUMENTATION ON THE DENTAL REFERRAL FORM.

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CHILDREN (continued)

NOTE: The order in which CPAs are listed indicates the most appropriate staff to utilize.

ANTHROPOMETRIC

| <u>Priority</u> | <u>CPA</u> | <u>Standard</u> |
|-----------------|------------|--|
| 3A | N | WEIGHT FOR HEIGHT BELOW 5TH PERCENTILE |
| 3A | N | WEIGHT FOR AGE BELOW 5TH PERCENTILE |
| 3A | N | HEIGHT FOR AGE BELOW 5TH PERCENTILE |
| 3A | N | NO INCREASE FROM PREVIOUS MEASUREMENT Last certification or as indicated on MRF - height - weight |
| 3A | N | DECREASE SINCE PREVIOUS MEASUREMENT Last certification or as indicated on MRF - weight |
| 3A | N | DECREASE OF 2 MAJOR PERCENTILES - height for age - weight for age - weight for height |
| 3B | I,II,N | WEIGHT FOR HEIGHT 5-10TH PERCENTILE |
| 3B | I,II,N | WEIGHT FOR HEIGHT 90TH PERCENTILE OR GREATER |
| 3B | I,II,N | WEIGHT FOR AGE 5-10TH PERCENTILE |
| 3B | I,II,N | HEIGHT FOR AGE 5-10TH PERCENTILE |

HEMATOLOGICAL

| <u>Priority</u> | <u>CPA</u> | <u>Standard</u> |
|-----------------|------------|------------------------------------|
| 3A | I,II,N | FEP 35UG/100ML OR GREATER |
| 3A | I,II,N | LEAD 25MG/100ML OR GREATER |
| 3A | I,II,N | HEMATOCRIT LESS THAN 30% |
| 3B | I,II,N | HEMATOCRIT 30.0% TO 33.0% |
| 3C | I,II,N | HEMATOCRIT 33.1% TO 34.0% |
| 3A | I,II,N | HEMOGLOBIN 72% OR LESS |
| 3A | I,II,N | HEMOGLOBIN LESS THAN 9.0 GMS/100ML |
| 3B | I,II,N | HEMOGLOBIN 9.0 TO 10.0 GMS/100ML |
| 3C | I,II,N | HEMOGLOBIN 10.1 TO 11.0 GMS/100ML |

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CHILDREN (continued)

NOTE: The order in which CPAs are listed indicates the most appropriate staff to utilize.

CONDITIONS THAT PREDISPOSE TO NUTRITIONAL RISK

| <u>Priority</u> | <u>CPA</u> | <u>Standard</u> |
|-----------------|------------|---|
| 5A | 1,11,N | MOTHER/CARETAKER WITH MENTAL ILLNESS/MENTAL RETARDATION |
| 5A | 1,11,N | MOTHER/CARETAKER WITH ALCOHOL/DRUG ABUSE |
| 5A | 1,11,N | MOTHER/CARETAKER AGED 19 YEARS OR LESS |
| 5A | 1,11,N | CHRONIC EAR INFECTIONS |
| 5B | 1,11,N | MENTAL RETARDATION/MENTAL ILLNESS |

INADEQUATE FOOD INTAKE

| <u>Priority</u> | <u>CPA</u> | <u>Standard</u> |
|-----------------|------------|--|
| 5A | 1,11,N | THREE OR MORE SERVINGS BELOW STANDARD Three servings below recommended number of servings, as documented on the Massachusetts WIC assessment form - lacking 3 servings in one food group - lacking 1 serving in three food groups |
| 5B | 1,11,N | TWO SERVINGS BELOW STANDARD Two servings below recommended number of servings, as documented on the Massachusetts WIC assessment form - lacking 2 servings in one food group - lacking 1 serving in two food groups |
| 5B | 1,11,N | ONE SERVING BELOW STANDARD One serving below recommended number of servings, as documented on the Massachusetts WIC assessment form |
| 5C | 1,11,N | INAPPROPRIATE FOOD PRACTICES Food practices negatively impacting on nutritional status as documented on the Massachusetts WIC assessment form, including: - inappropriate use of bottle such as solid food in bottle, bottle to bed - no self-feeding - use of skim milk before 18 months - intake four or more times a day of high-calorie, nutrition-poor foods such as candy, chips, sugared drinks, pork skins and packaged cakes |

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HEIGHT AND WEIGHT TABLE
(indoor clothing, no shoes)

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WOMEN

| HEIGHT | SMALL | | MEDIUM | | LARGE | |
|--------|-------|--------|--------|--------|-------|--------|
| | ≤ 90% | ≥ 120% | ≤ 90% | ≥ 120% | ≤ 90% | ≥ 120% |
| 4'8" | 85 | 114 | 91 | 122 | 100 | 134 |
| 4'9" | 88 | 117 | 94 | 125 | 103 | 137 |
| 4'10" | 90 | 120 | 96 | 128 | 105 | 140 |
| 4'11" | 93 | 124 | 99 | 132 | 108 | 144 |
| 5'0" | 95 | 127 | 102 | 136 | 111 | 148 |
| 5'1" | 98 | 131 | 104 | 139 | 113 | 151 |
| 5'2" | 101 | 134 | 107 | 143 | 116 | 155 |
| 5'3" | 103 | 138 | 111 | 148 | 120 | 160 |
| 5'4" | 106 | 142 | 115 | 153 | 124 | 165 |
| 5'5" | 110 | 147 | 118 | 158 | 127 | 170 |
| 5'6" | 114 | 152 | 122 | 163 | 131 | 175 |
| 5'7" | 117 | 157 | 125 | 167 | 134 | 179 |
| 5'8" | 121 | 162 | 129 | 172 | 139 | 185 |
| 5'9" | 125 | 167 | 133 | 177 | 143 | 190 |
| 5'10" | 128 | 172 | 136 | 182 | 147 | 195 |
| 5'11" | 132 | 176 | 140 | 187 | 150 | 200 |
| 6'0" | 136 | 181 | 143 | 191 | 153 | 205 |

DETERMINATION OF FRAME SIZE

MEDIUM FRAME

To determine frame size, extend your arm and bend the forearm upward at a 90 degree angle. Keep fingers straight and the wrist toward your body. Use a caliper to measure the space between the two prominent bones on either side of your elbow. Compare this measurement with the table below that lists elbow measurements for medium-framed women. Measurements lower than those listed indicate a small frame. Higher measurements indicate a large frame.

Height (in bare feet)

Elbow breadth

4'9" - 5'2"

2 1/4" - 2 1/2"

5'3" - 5'10"

2 3/8" - 2 5/8"

5'11"

2 1/2" - 2 3/4"

(Reference for both tables: Metropolitan Life Insurance Company, 1959)

CAFFEINE CONTENT OF SELECTED ITEMS

| PRODUCT | MILLIGRAMS OF CAFFEINE | PRODUCT | MILLIGRAMS OF CAFFEINE |
|---------------------------------|---------------------------|--|---------------------------|
| <u>COFFEE</u> | | <u>STIMULANTS (standard dose)</u> | |
| Decaffeinated (5 oz.) | 3 | Caffedrine | 200 |
| Drip (5 oz.) | 137 | NoDoz (2 tablets) | 200 |
| Instant, regular (5 oz.) | 60 | Vivarin | 200 |
| Instant, flavored mix (6 oz.) | | | |
| Irish Mocha Mint | 27 | | |
| Swisse Mocha | 40 | | |
| Cafe Amaretto | 60 | | |
| Percolated (5 oz.) | 117 | | |
| | | <u>PAIN RELIEVERS (standard dose)</u> | |
| | | Anacin (2 tablets) | 64 |
| | | Excedrin (2 tablets) | 130 |
| | | Midol (2 tablets) | 64 |
| | | Plain aspirin, any brand | 0 |
| <u>TEA</u> | | | |
| One-minute brew (5 oz.) | 21 to 33 | | |
| Three-minute brew (5 oz.) | 35 to 46 | | |
| Five-minute brew (5 oz.) | 39 to 50 | | |
| Ice tea (6 oz.) | 32 to 38 | | |
| | | <u>DIURETICS (standard dose)</u> | |
| | | Coryban-D | 30 |
| | | Dristan (2 tablets) | 32 |
| | | Triaminic | 30 |
| <u>SOFT DRINKS (12 oz. can)</u> | | | |
| Coca-Cola | 45 | | |
| Cragmont Cola | trace | | |
| Diet Dr. Pepper | 40 | | |
| Diet Mr. Pibb | 57 | | |
| Diet Pepsi | 36 | | |
| Diet Rite Cola | 36 | | |
| Diet 7-Up | 0 | | |
| Diet Sunkist Orange | 0 | | |
| Dr. Pepper | 40 | | |
| Fanta Orange | 0 | | |
| Fresca | 0 | | |
| Hires Root Beer | 0 | | |
| Mellow Yellow | 53 | | |
| Mountain Dew | 54 | | |
| Mr. Pibb | 41 | | |
| Pepsi Cola | 38 | | |
| RC-100 | 0 | | |
| Royal Crown Cola | 36 | | |
| 7-Up | 0 | | |
| Shasta Cola | 44 | | |
| Sprite | 0 | | |
| Sunkist Orange | 0 | | |
| Tab | 45 | | |
| | | <u>WEIGHT-CONTROL AIDS (daily dose)</u> | |
| | | Dexatrim | 200 |
| | | Dietac | 200 |
| | | Prolamine (2 tablets) | 280 |
| | | | |
| | | <u>COCOA AND CHOCOLATE</u> | |
| | | Baking chocolate (1 oz.) | 35 |
| | | Chocolate cake (1/16 of 9" cake) | 14 |
| | | Cocoa beverage (water mix 6 oz.) | 5 |
| | | Hershey special dark chocolate (1.02 oz.) | 23 |
| | | Milk chocolate (1 oz.) | 6 |
| | | Nestle semi-sweet chocolate chips (1 oz.) | 17 |

(Amounts taken from Pennington and Church's Food Values of Portions Commonly Served, 1985)

PRIORITY SYSTEM FOR NUTRITIONAL RISK CRITERIA

7 CFR Part 246.7, Federal Regulations

Adapted by Massachusetts WIC Program

PRIORITY 1 Pregnant women, breastfeeding women and infants at nutritional risk as demonstrated by hematological or anthropometric measurements, or other documented nutritionally related medical or predisposing conditions which demonstrate the need for supplemental foods.

WOMEN

| 1A | 1B |
|--|--|
| <ul style="list-style-type: none"> - Obstetrical complications - Suboptimal weight patterns - Chronic medical conditions - Repeated episodes of infectious disease - Folic acid deficiency - Food allergy - Mental retardation/illness - Substance abuse - Maternal age 19 or less - History of LBW, prematurity, neonatal death - Breastfeeding a priority 1A Infant | <ul style="list-style-type: none"> - Risk of Iron-deficiency anemia - History of short ICP, spontaneous abortion, multigravida - Food intolerance - Lead poisoning - Breastfeeding a priority 1B Infant - Poor oral health - Pica (prenatal only) - Maternal age greater than 35 (prenatal only) |

INFANTS

| 1A | 1B |
|--|---|
| <ul style="list-style-type: none"> - Low birth weight - Premature birth - Underweight, stunted - Chronic medical conditions - Repeated episodes of G.I. disturbance, Infectious disease - Food allergy/Intolerance - Congenital anomaly - Mother/caretaker with mental illness, substance abuse - Infant of a priority 1A breastfeeding woman | <ul style="list-style-type: none"> - At risk for Iron deficiency anemia - Large for gestational age - Postmature birth - At risk for underweight, stunting - Overweight - Pica - Lead poisoning - Infant of a priority 1B breastfeeding woman |

PRIORITY 2 Except those infants who qualify for Priority 1, Infants (up to 6 months of age) of WIC participants who participated during pregnancy, and Infants (up to 6 months of age) born of women who were not WIC participants during pregnancy but whose medical records document that they were at nutritional risk during pregnancy due to nutritional conditions detectable by biochemical or anthropometric measurements or other documented nutritionally related medical conditions which demonstrate the person's need for supplemental foods.

Women without a higher risk who are breastfeeding a priority 2 Infant.

INFANTS

| 2A | 2B |
|--|---|
| <ul style="list-style-type: none"> - WIC Infant (Infant whose mother was on WIC prenatally) | <ul style="list-style-type: none"> - Infant of a high-risk mother (Infant whose mother was not on WIC prenatally but was eligible) |

WOMEN

| 2A | 2B |
|--|--|
| <ul style="list-style-type: none"> - Woman without a higher risk breastfeeding a priority 2A Infant | <ul style="list-style-type: none"> - Woman without a higher risk breastfeeding a priority 2B Infant |

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PRIORITY 3 Children at nutritional risk as demonstrated by hematological or anthropometric measurements or other documented medical conditions which demonstrate the child's need for supplemental foods.

CHILDREN

| 3A | 3B | 3C |
|---|---|--|
| <ul style="list-style-type: none"> - Risk of Iron-deficiency anemia - Underweight, stunted - Chronic medical conditions - Inborn errors of metabolism - Food allergy - Failure to thrive - Intestinal parasites, hepatitis - Congenital anomalies | <ul style="list-style-type: none"> - Risk of Iron-deficiency anemia - Lead poisoning - Overweight - At risk for underweight, stunting - Food intolerance | <ul style="list-style-type: none"> - Risk of Iron-deficiency anemia - Poor oral health - Pica |

PRIORITY 4 Pregnant women, breastfeeding women, and postpartum women less than 19 years. Infants at nutritional risk because of inadequate dietary patterns or conditions predisposing to an inadequate intake.

WOMEN

| 4A | 4B |
|--|--|
| <ul style="list-style-type: none"> - Inadequate food intake - Excessive caffeine intake (pregnant & breastfeeding only) - Breastfeeding a priority 4 infant | <ul style="list-style-type: none"> - Postpartum, non-breastfeeding woman less than 19 years |

INFANTS

| 4A | 4B |
|--|----|
| <ul style="list-style-type: none"> - Chronic ear infections - Mental retardation/illness - Mother/caretaker aged 19 or less (not breastfeeding) - Inadequate food intake - Infant of a Priority 4 breastfeeding woman | |

PRIORITY 5 Children at nutritional risk because of an inadequate dietary pattern or conditions predisposing to an inadequate intake.

CHILDREN

| 5A | 5B | 5C |
|---|--|--|
| <ul style="list-style-type: none"> - Three or more servings below recommended number of servings as documented on the MA WIC Assessment form - Chronic ear infections - Mother/caretaker with mental retardation/substance abuse - Mother/caretaker aged 19 or less | <ul style="list-style-type: none"> - One or two servings below recommended number of servings as documented on the MA WIC Assessment form - Mental retardation/illness | <ul style="list-style-type: none"> - Inappropriate food practices |

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PRIORITY 6 Postpartum, non-breastfeeding women at nutritional risk.

WOMEN

| 6A | 6B |
|---|--|
| <ul style="list-style-type: none">- Chronic medical conditions- Food allergy- Mental retardation/illness- Substance abuse- History of LBW, prematurity, obstetrical complications | <ul style="list-style-type: none">- Suboptimal weight patterns- Food intolerance- Poor oral health- History of short ICP- Spontaneous abortion- Cesarean section- Risk of Iron-deficiency anemia- Inadequate food intake- Lead poisoning |

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Massachusetts WIC Program

LIST OF PRIORITIES

| CATEGORY | STATUS | PRIORITY | PRIORITY CODE | |
|-------------------------------------|--------|----------|---------------|-----|
| Pregnant women | 1 | 1A | 1AX | --- |
| | | 1B | 1BX | --- |
| | | 4A | 4AX | --- |
| Postpartum, non-breastfeeding women | 2 | 4B | 4BX | --- |
| | | 6A | 6AX | --- |
| | | 6B | 6BX | --- |
| Breastfeeding women | 3 | 1A | 1AX | 1AP |
| | | 1B | 1BX | 1BP |
| | | 2A | 2AX | --- |
| | | 2B | 2BX | --- |
| | | 4A | 4AX | 4AP |
| Infants | 4-7 | 1A | 1AX | 1AP |
| | | 1B | 1BX | 1BP |
| | | 2A | 2AX | --- |
| | | 2B | 2BX | --- |
| | | 4A | 4AX | 4AP |
| Children | 8 | 3A | 3AX | 3AP |
| | | 3B | 3BX | 3BP |
| | | 3C | 3CX | 3CP |
| | | 5A | 5AX | 5AP |
| | | 5B | 5BX | 5BP |
| | | 5C | 5CX | 5CP |

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PRIORITY CATEGORIES

PRIORITY CATEGORIES ARE DETERMINED BY FEDERAL REGULATIONS.

EACH NUTRITIONAL RISK FACTOR IS ASSIGNED A PRIORITY.

IF THERE IS MORE THAN ONE POSSIBLE CERTIFICATION REASON FOR A PARTICIPANT, ALWAYS USE THE REASON WITH THE HIGHEST PRIORITY.

USE THE PRIORITY CATEGORIES TO DETERMINE THE ORDER IN WHICH TO CERTIFY APPLICANTS WHEN YOUR PROGRAM HAS A WAITING LIST.

NUTRITIONAL RISK CRITERIA

Each priority category includes specific nutritional risk criteria. For a complete list of risk criteria, see the "Nutritional Risk Criteria for Certification" in the NUTRITIONAL RISK section of this Procedure Manual.

If there is more than one possible certification reason for a participant, always use the reason with the highest priority.

ASSIGNING PRIORITIES TO THE BREASTFEEDING MOTHER AND INFANT PAIR

When certifying a breastfeeding infant, identify all possible certification reasons including the mother's most recent certification reason. If the mother's certification reason falls under a higher priority than any of the infant's risk factors, use the mother's certification reason to certify the infant.

- o Write the mother's certification reason under the "A" section of the infants's SOAP note
- o Write the infant's certification reason as "infant of a priority ____ breastfeeding woman". (Fill in I or IV, whichever applies).
- o Write the infant's priority on the certification form (same priority as the mother).

When certifying a breastfeeding woman, identify all possible certification reasons including the infant's most recent certification reason. If the infant's certification reason falls under a higher priority than any of the mother's risk factors, use the infant's certification reason to certify the mother.

- o Write the infant's certification reason under the "A" section of mother's SOAP note
- o Write the mother's certification reason as "breastfeeding a priority ____ infant". (Fill in I, II or IV, whichever applies.)
- o Write the mother's priority on the certification form (same priority as the infant).

NOTE: One of the pair must have a standard risk factor as listed in the Nutritional Risk Criteria for Certification. You cannot use "breastfeeding a priority ____ infant" to certify a woman if you are certifying the infant for "infant of a priority ____ breastfeeding woman".

BLOODWORK REQUIREMENTS

FEDERAL REGULATIONS REQUIRE EACH APPLICANT TO HAVE A HEMATOLOGICAL TEST FOR ANEMIA IN ORDER TO BE CERTIFIED FOR THE WIC PROGRAM.

INFANTS UNDER SIX MONTHS OLD ARE EXCEPTED FROM THIS REQUIREMENT.

Since one of the primary purposes of the WIC Program is to help alleviate iron deficiency anemia, a screening test for iron levels is required for most applicants.

** BLOOD TESTS MAY BE ANY ONE OF THE FOLLOWING:

- o Hematocrit (Hct): -the percent of red cell volume

or

- o Hemoglobin (Hgb): the amount of iron in the blood

or

- o Free Erythrocyte Protoporphyrin (FEP): an indicator of iron-deficiency and/or lead poisoning

FOR PREGNANT WOMEN:

Pregnant women need one blood test taken anytime during the current pregnancy.

FOR POSTPARTUM, NON-BREASTFEEDING WOMEN:

Postpartum, non-breastfeeding women need one blood test taken anytime between the delivery date and the date of certification, inclusive.

FOR BREASTFEEDING WOMEN:

Postpartum, breastfeeding women need one blood test taken anytime between the delivery date and the date of certification, inclusive.

Postpartum, breastfeeding women remaining on the program for a second certification period need another blood test, even if the first postpartum bloodwork was normal.

FOR INFANTS:

Infants less than six months do not need to have a blood test. However, you may use blood test results as a reason for certification for an infant less than six months if you have received the bloodwork from the physician or clinic, it is below the standard, and the test is not more than two months old.

Infants six months or older need one blood test taken at the time of certification.

- ** Infants' blood test results must be no older than one month from the date of the appointment in order to be certified for a full six months.

FOR CHILDREN:

Children need one blood test at their initial certification as a child, then once a year if their levels are normal or twice a year if their levels are below normal.

- ** Children's blood test results must be no older than one month from the date of the appointment in order to be certified for a full six months.

Example: Juan Morales is certified as a WIC Infant.

| | | |
|---------------|----------------------------|---|
| At 6 months: | Certified for underweight. | Blood test required for infants at six months. Results normal. |
| At 1 year: | Certified for underweight. | Blood test required for initial certification as a child. Results normal. |
| At 18 months: | Certified for underweight. | New blood test not required because normal at last certification. |

At 24 months: Certified for prevent
regression of underweight

Blood test results over one
year old. New blood test
required; normal results.

At 36 months: Terminated; no nutritional
risk factor.

Blood test requested; normal at
last certification but test was
done to be sure there were no
risk factors before removing
Juan from the program.

PREVENT REGRESSION

YOU MAY USE PREVENT REGRESSION AS A REASON FOR REPEAT CERTIFICATION WHEN TERMINATION FROM THE WIC PROGRAM WOULD BE DETRIMENTAL TO THE PARTICIPANT'S HEALTH.

ONLY A CPA CAN DETERMINE THE USE OF PREVENT REGRESSION.

DO NOT USE PREVENT REGRESSION WHEN ANY STANDARD RISK CRITERIA APPLY.

DO USE PREVENT REGRESSION:

- * For priorities 1a, 1b, 3a, 3b, 3c, 4a, 5a, 5b and 5c, when you are serving these priorities.
- * When the CPA determines that the participant would regress without WIC benefits.
- * On a case-by-case basis.

DO NOT USE PREVENT REGRESSION

- * For priorities 4b, 6, and most priority 2a. See next page for exceptions.
- * As a reason for initial certification.
- * As a reason for repeat certification if a standard risk criteria can be used.
- * For two consecutive certifications for the same participant.

When using Prevent Regression, write the certification reason as "Prevent Regression of _____" (fill in previous risk factor).

EXAMPLE: A child's previous risk criteria was "weight/height less than the 25th %ile". Write the new reason as "Prevent Regression of weight/height less than the 25 %ile".

Document your reason(s) for using Prevent Regression in the SOAP notes.

PREVENT REGRESSION OF WIC INFANTS

You may use prevent regression for priority 2a or 2b WIC infants only for prevent regression of inadequate food intake and only if:

1. the infant has no other risks under priorities 1 or 4

AND

2. a previous risk factor was documented in the Nutrition Assessment and the Assessment portion of the SOAP note at the initial certification, the secondary contact, or the current recertification (e.g., inadequate food intake, underweight).

Follow this procedure:

1. Include the risk factor from the initial SOAP note in the SOAP note at the recertification (e.g., early introduction to solids)
2. Write the certification reason as "Prevent regression of _____" (e.g., "Prevent regression of inappropriate food practices")
3. Write the input code as 4AP.

WIC INFANTS

"WIC INFANTS" ARE INFANTS BORN TO WOMEN WHO PARTICIPATED IN THE WIC PROGRAM DURING THEIR PREGNANCY.

WIC INFANTS ARE DEFINED BY FEDERAL REGULATION AS A PRIORITY 2 CATEGORY. NUTRITION ASSESSMENT MAY DETERMINE THEM TO BE IN A PRIORITY 1 CLASSIFICATION.

CERTIFY AND PROVIDE VOUCHERS TO WIC INFANTS WITHIN 10 DAYS OF BIRTH.

THE CERTIFICATION DATE FOR A WIC INFANT IS HER/HIS DATE OF BIRTH.

YOU MAY CONDUCT A PRELIMINARY CERTIFICATION WITH AND ISSUE VOUCHERS TO SOMEONE OTHER THAN THE INFANT'S MOTHER AS LONG AS YOU COMPLETE THE CERTIFICATION WITHIN SIX WEEKS FROM THE INFANT'S DATE OF BIRTH.

APPLICATION AND SCHEDULING

Give the Medical Referral Forms for infants and postpartum women to the woman prior to her EDC. Tell her to call the program when the baby is born, and you will make an appointment for her recertification and the baby's certification at that time.

Certify and issue vouchers to WIC infants within 10 days of birth. If you are unable to do at least preliminary certifications of WIC infants on a walk-in basis, be sure to schedule time at least once a week for this procedure.

CERTIFICATION

If the mother comes for the initial appointment, conduct a complete certification appointment for the baby.

If the mother is unable to come for the initial appointment, a proxy may bring the necessary income documentation and anthropometric data for you to complete a preliminary "WIC infant" certification. This includes:

- 1) Determining income eligibility
- 2) Completing affidavit of Rights and Responsibilities
- 3) Filling out a "preliminary" assessment and certification form for the infant including anthropometric data, date of certification (infant's birth date) and reason for certification ("WIC infant"). (See following example.)
- 4) Distributing vouchers

5) Scheduling of a follow-up appointment within six weeks.

The infant's primary caretaker must attend the follow-up appointment to complete the infant's nutrition assessment and to receive nutrition counseling. If your program is taking Priority VIs or the mother is breastfeeding, schedule the follow-up appointment to coincide with the mother's postpartum recertification appointment.

Complete the dietary assessment and SOAP note at the follow-up appointment. Write the date of assessment on the Certification form.

CERTIFICATION DATE

For a WIC infant, use the birth date as the certification date.

- o If your program certifies infants for 6 months, WIC infants will be recertified at 6 months and at 1 year. If not enrolled promptly, the WIC infant may not receive all six sets of vouchers in her/his first certification period.
- o If your program uses the extended certification period for infants, WIC infants will be recertified at 10 months. If not enrolled promptly, the WIC infant may not receive all ten sets of vouchers in her/his first certification period.

EMERGENCY FORMULA

Provide non-breastfeeding WIC infants with formula as soon as possible. If you do not have complete certification data or your appointment schedule does not allow you to see them right away, issue emergency cans of formula (either purchased by your program or donated by a formula company) to the parent.

See the WIC AND THE INFANT FORMULA INDUSTRY section of this Procedure Manual for more information.



Massachusetts WIC Program
CERTIFICATION FORM

INFANTS - Birth to 12 Months

Name SYLVIA VALDEZ Sex: M ☐ F ☒ ID# _____
Parent or Guardian JUANITA SANTOS Date of Birth 6/1/88 Age (Today) _____
Health Care 42 WATERVILLE CLINIC Birth Weight 8# 202 Birth Length 20 IN
Primary Language SPANISH Race H Gestational Age 40 WKS
Mother on WIC? Prenatal ☒ Postpartum ☐ Infant Feeding: Breast ☐ Bottle ☐ Both ☒

S: _____ O: **MEASUREMENTS** Date 6/11/88
Age a/o Measurement _____ Months 10 ^{days} ~~hrs~~
Weight 8# 5.22 Length 20 in
Weight/Age Zile 75.90 Length/Age Zile 50.75
Weight/Length Zile 50-75
A: **(MUST BE COMPLETED BY 6 WEEKS OF AGE)** **LAB** (6 months and older)
Hct. _____ Date _____
Hgb. _____ Date _____
FEP _____ Date _____
Pb _____ Date _____
OTHER _____
Tailoring Rationale _____ Food Pkg. 208
P: _____ Infant Diet _____ Formula fdg. _____ Breastfdg. _____ Introduction of Solids _____ Weaning
_____ NBS/Cup _____ Making Baby Food _____ Vit/Min Supp. _____ Self fdg. _____ Growth charts
_____ Other _____

Referral _____

Certified? Yes ☒ No ☐ Priority 2AX Pick up Date _____ Mother Assessed? Yes ☐ No ☐
Reason WIC Infant
Date of Certification 6/1/88 Date of Assessment _____
Date 1st vouchers (WIC Infant) 6/6/88 Signature Donna Greenidge

Second Contact: Date Offered _____ N/S Initials _____
Topic/Progress Note _____

Third Contact: Date Offered _____ N/S Initials _____
Topic/Progress Note _____



Mass. WIC 1/88
WIC Form #56

CERTIFICATION PERIODS

PARTICIPANTS ARE CERTIFIED FOR A SPECIFIED PERIOD OF TIME WHICH DEPENDS ON THE CATEGORY OF THE PARTICIPANT.

DO NOT GIVE VOUCHERS TO PARTICIPANTS WHOSE CERTIFICATION PERIOD HAS EXPIRED.

| CATEGORY | LENGTH OF CERTIFICATION PERIOD | LAST SET OF VOUCHERS |
|------------------------|---|---|
| PRENATAL WOMEN | Duration of pregnancy and until six weeks postpartum | Last issue date before six weeks postpartum |
| BREASTFEEDING | Six months and as long as still breastfeeding, up to one year postpartum | The month the infant turns one year old |
| NON-NURSING POSTPARTUM | Until six months postpartum | The month the infant turns six months old |
| INFANTS | Six months <u>or</u> Until ten months old, if enrolled at four months of age or less | The 6th set of vouchers (may be less for WIC infants) <u>or</u> The month the infant turns nine months old |
| CHILDREN | Six months, until age five | The month the child turns five years old |

OPTIONAL EXTENDED CERTIFICATION PERIOD FOR INFANTS

YOU MAY CHOOSE TO CERTIFY ALL INFANTS ENROLLED BEFORE FOUR MONTHS OF AGE UNTIL THEY ARE TEN MONTHS OF AGE.

IF YOU CHOOSE TO USE EXTENDED CERTIFICATION PERIODS FOR INFANTS, HAVE YOUR PLAN APPROVED BY THE STATE WIC OFFICE BEFORE YOU IMPLEMENT IT.

PROVIDE QUARTERLY NUTRITION EDUCATION CONTACTS TO THESE INFANTS.

ENSURE THE AVAILABILITY AND CONTINUITY OF HEALTH CARE SERVICES FOR THESE INFANTS.

Base the length of the certification period for infants on their age at initial enrollment. Infants are considered 4 months old IN THE MONTH THEY TURN 4 MONTHS, regardless of whether they have actually reached 4 months of age.

- o Infants under 4 months of age will be certified until they are 10 months of age. Example:

Date of birth: 1/20/87

Date of certification: 2/4/87 (infant less than 4 months of age)

Date due for repeat certification: 11/20/87 (month infant turns 10 months)

- o Infants 4 months of age and older will be certified for a six month period. Examples:

Date of birth: 1/20/87

Date of certification: 5/6/87 (month infant turns 4 months)

Date due for repeat certification: 11/6/87 (6 months from date of certification)

Date of birth: 1/20/87

Date of certification: 8/24/87 (month infant turns 7 months)

Date due for repeat certification: 2/24/88 (6 months from date of certification)

AFTER THE INITIAL EXTENDED CERTIFICATION PERIOD, ALL REPEAT CERTIFICATIONS WILL OCCUR AT SIX (6) MONTH INTERVALS.

PROTOCOL FOR EXTENDED CERTIFICATION PERIODS

If you choose to implement the extended certification period for infants, develop a protocol which:

- Ensures the availability and continuation of health care services for infants
- Specifies the following for nutrition education contacts
 - o type (individual or group)
 - o timing
 - o method for flagging
 - o services available (measurements, bloodwork)
 - o content
 - o documentation of the contact
- Describes how food package changes will be handled

Submit your protocol to the state WIC office for approval before you implement it.

NUTRITION EDUCATION CONTACTS

Provide nutrition education contacts quarterly for infants with extended certification periods. Base the number of nutrition education contacts on the length of the certification period as follows:

| <u>AGE AT ENROLLMENT</u> | <u>LENGTH OF CERTIFICATION PERIOD</u> | <u># OF CONTACTS</u> |
|--------------------------|---------------------------------------|----------------------|
| <u>< 2 months</u> | 8 - 10 months | 3 |
| 3 to 4 months | 6 - 7 months | 2 |
| 4 months or older | 6 months | 2 |

The number of nutrition education contacts provided during an extended certification period must be at least the number noted above. You may provide more than this number.

BLOODWORK

Bloodwork requirements for an infant are dependent on his/her age at initial certification. Bloodwork is also required for the first certification as a child even if the participant had bloodwork done as an infant. Examples:

| <u>AGE AT INITIAL</u> <u>CERTIFICATION</u> | <u>BLOOD</u> <u>WORK?</u> | <u>AGE AT NEXT</u> <u>CERTIFICATION</u> | <u>BLOOD</u> <u>WORK?</u> | <u>AGE AT NEXT</u> <u>CERTIFICATION</u> | <u>BLOOD</u> <u>WORK?</u> |
|---|------------------------------|--|------------------------------|--|------------------------------|
| 0 - 4 months | No | 10 months | Yes | 16 months | Yes |
| 5 months | No | 11 months | Yes | 17 months | Yes |
| 6 - 11 months | Yes | 12 - 17 months | Yes | 18 - 23 months | Yes* |

* Bloodwork is not required if the previous results were above the hematological risk criteria standards.

COMPUTER INPUT FOR EXTENDED CERTIFICATION PERIODS

To extend the certification period for infants who are enrolled before they are 4 months old, fill in the "Recertification Date" on the Type 1 Participant Input Form as follows:

** Enter date infant will be 4 months old under "Recertification Date" if:

1. infant was born in the same month s/he is certified or
2. infant will turn 1, 2, or 3 months in the same month s/he is certified.

** Leave "Recertification Date" blank if:

1. infant is or will turn 4 months old in the same month s/he is certified or
2. infant is over 4 months old when s/he is certified.

NOTE: These "future-dated" recertification dates will be accepted by the computer. Therefore, WHEN CERTIFYING INFANTS BORN IN SEPTEMBER, OCTOBER, NOVEMBER AND DECEMBER, MAKE SURE YOU USE THE NEXT YEAR'S DATE IN THE RECERTIFICATION DATE.

IDENTIFYING INFANTS DUE FOR RECERTIFICATION AT TEN MONTHS

Keep some record of an infant's certification history other than the computer reports, so you can review it each month prior to voucher distribution to ensure that the infant is recertified when s/he is 10 months old. See the IDENTIFYING PARTICIPANTS DUE FOR REPEAT CERTIFICATION section of this Procedure Manual for more information.

| MONTH OF BIRTH | MONTH OF CERTIFICATION | MONTH UNDER "RECERT. DATE" | MONTH DUE FOR RECERTIFICATION |
|-------------------|---|-------------------------------|--|
| JANUARY | JAN, FEB, MAR, APR, MAY Other months | MAY --- --- | NOV (10 months old) NOV (10 months old) 6 months from cert |
| FEBRUARY | FEB, MAR, APR, MAY JUNE Other months | JUNE ---- ---- | DEC (10 months old) DEC (10 months old) 6 months from cert |
| MARCH | MAR, APR, MAY, JUNE JULY Other months | JULY ---- ---- | JAN (10 months old) JAN (10 months old) 6 months from cert |
| APRIL | APR, MAY, JUNE, JULY AUG Other months | AUG --- --- | FEB (10 months old) FEB (10 months old) 6 months from cert |
| MAY | MAY, JUNE, JULY, AUG SEPT Other months | SEPT ---- ---- | MAR (10 months old) MAR (10 months old) 6 months from cert |
| JUNE | JUNE, JULY, AUG, SEPT, OCT Other months | OCT --- --- | APR (10 months old) APR (10 months old) 6 months from cert |
| JULY | JULY, AUG, SEPT, OCT NOV Other months | NOV --- --- | MAY (10 months old) MAY (10 months old) 6 months from cert |
| AUGUST | AUG, SEPT, OCT, NOV DEC Other months | DEC --- --- | JUNE (10 months old) JUNE (10 months old) 6 months from cert |
| SEPTEMBER | SEPT, OCT, NOV, DEC JAN Other months | JAN (next year) --- --- | JULY (10 months old) JULY (10 months old) 6 months from cert |
| OCTOBER | OCT, NOV, DEC, JAN FEB Other months | FEB (next year) --- --- | AUG (10 months old) AUG (10 months old) 6 months from cert |
| NOVEMBER | NOV, DEC, JAN, FEB MAR Other months | MAR (next year) --- --- | SEPT (10 months old) SEPT (10 months old) 6 months from cert |
| DECEMBER | DEC, JAN, FEB, MAR APR Other months | APR (next year) --- --- | OCT (10 months old) OCT (10 months old) 6 months from cert |

CERTIFICATION DATE

FOR ALL PARTICIPANTS EXCEPT PREGNANT WOMEN, BASE THE DATE OF CERTIFICATION ON THE DATE MEDICAL DATA WERE TAKEN RATHER THAN ON THE DATE THE PARTICIPANT WAS ASSESSED AND/OR CERTIFIED.

FOR PREGNANT WOMEN, USE THE DATE THE PARTICIPANT WAS ASSESSED AND/OR CERTIFIED.

MEDICAL DATA MAY BE UP TO 30 DAYS OLD BEFORE THE CERTIFICATION DATE MUST BE ADJUSTED.

THE LENGTH OF A CERTIFICATION PERIOD BASED ON OLDER DATA MUST BE ADJUSTED TO REFLECT THE DATE OF THE OLDEST MEDICAL DATA ELEMENT.

On the Certification form, complete the Date of Certification as follows:

- ** When the medical data is 30 days old or less, the date of certification (or repeat certification) is the same as the date of assessment and enrollment.
- ** When the medical data is more than 30 days old, the date of certification (or repeat certification) is the date of the oldest anthropometric or hematological data.

WIC BENEFITS

WIC BENEFITS ARE SUPPLEMENTAL FOODS, NUTRITION EDUCATION, AND REFERRALS.

WIC SUPPLEMENTAL FOODS

WIC SUPPLEMENTAL FOODS ARE CHOSEN BECAUSE THEY CONTAIN SPECIFIC NUTRIENTS NEEDED BY THE WIC TARGET POPULATION.

FEDERAL REGULATION SETS STANDARDS FOR WIC FOODS BUT ALLOWS STATE WIC PROGRAMS TO SET MORE SPECIFIC STANDARDS.

IN MASSACHUSETTS, MORE SPECIFIC STANDARDS ARE VOTED ON AT STATEWIDE NUTRITIONISTS MEETINGS.

The following chart lists the federal and state requirements for WIC foods.

| | <u>FEDERAL REGULATION</u> | <u>STATE REGULATION</u> |
|---------------|--|---|
| FORMULA | <ul style="list-style-type: none">o 10 mg of iron per liter (7.8 mg of iron per oz)o 20 kcal per fluid oz | <ul style="list-style-type: none">o Same |
| INFANT CEREAL | <ul style="list-style-type: none">o 45 mg of iron per 100 g dry cereal (12.8 mg of iron per oz)o No cereal/fruit or cereal/formula combinations | <ul style="list-style-type: none">o Same |
| INFANT JUICE | <ul style="list-style-type: none">o 30 mg of vitamin C per 100 ml | <ul style="list-style-type: none">o Same |
| ADULT CEREAL | <ul style="list-style-type: none">o 28 mg of iron per 100 g dry cerealo Not more than 6 g of sucrose per oz | <ul style="list-style-type: none">o Sameo Not more than 5 gms sucrose per ozo No cereals containing aspartame |
| FLUID JUICE | <ul style="list-style-type: none">o 30 mg of vitamin C per 100 ml | <ul style="list-style-type: none">o Sameo 100% fruit juice |
| FROZEN JUICE | <ul style="list-style-type: none">o 30 mg of vitamin C per 100 ml, reconstituted | <ul style="list-style-type: none">o Sameo 100% fruit juice |

FEDERAL REGULATION

STATE REGULATION

| | | |
|---------------------------------|---|---|
| WHOLE MILK | <ul style="list-style-type: none"> o 400 I.U. vitamin D per qt o Pasteurized milk o No flavored milk | <ul style="list-style-type: none"> o Same o Lactaid allowed o Calcimilk allowed |
| SKIM/LOWFAT MILK, BUTTERMILK | <ul style="list-style-type: none"> o 400 I.U. vitamin D per qt o 2000 I.U. vitamin A per qt o Pasteurized milk o No flavored milk | <ul style="list-style-type: none"> o Same |
| EVAPORATED OR DRY WHOLE MILK | <ul style="list-style-type: none"> o 400 I.U. vitamin D per qt | <ul style="list-style-type: none"> o Same |
| EVAPORATED OR DRY SKIM MILK | <ul style="list-style-type: none"> o 2000 I.U. vitamin A per qt o 400 I.U. vitamin D per qt | <ul style="list-style-type: none"> o Same |
| PEANUT BUTTER | <ul style="list-style-type: none"> o No Federal standards | <ul style="list-style-type: none"> o No peanut butter/jelly or peanut butter/ marshmallow combinations |
| DRIED BEANS/PEAS | <ul style="list-style-type: none"> o No Federal standards | <ul style="list-style-type: none"> o Packaged in bags only |
| EGGS | <ul style="list-style-type: none"> o Eggs or dried egg mix | <ul style="list-style-type: none"> o Large - Grade A o No dried egg mix |
| CHEESE | <ul style="list-style-type: none"> o Domestic cheese only o No cheese product or cheese foods | <ul style="list-style-type: none"> o Same o No cheese food spread o Deli or prepackaged cheese allowable |

KEY

g = gram
I.U. = International units
Kcal = Kilocalories
mg = milligrams
mls = milliliters
oz = ounce
qt = quart

CHOOSING AND DOCUMENTING THE FOOD PACKAGE

THE COMPETENT PROFESSIONAL AUTHORITY (CPA) CHOOSES THE APPROPRIATE FOOD PACKAGE AFTER COMPLETING A NUTRITION ASSESSMENT AND DISCUSSING THE PARTICIPANT'S FOOD PREFERENCES.

CHOOSING THE FOOD PACKAGE

The food package tailoring system allows you to tailor the recommended food packages by varying the type and/or quantity of milk, cheese, eggs and cereal in the children's and women's packages, and by varying the amount of formula in the infants' packages.

Adjust the WIC food package to provide the supplemental foods which are most appropriate for each participant by:

1. Determining the food package recommended for the participant's category and age group.
2. Evaluating the participant's needs and preferences in relation to the recommended package.
3. Tailoring up or down from the recommended amounts if necessary.

The tables on the following pages outline all available WIC food packages. Recommended packages for each participant type are outlined in black. For complete descriptions of all food packages, see the Massachusetts WIC "FOOD PACKAGE TAILORING GUIDE". This document also contains complete instructions on how to:

- tailor up or down from recommended packages
- document food packages in the participant record
- determine the nutrient composition of a recommended food package
- determine the number of weekly and daily servings for foods in the recommended packages.

DOCUMENTING THE FOOD PACKAGE

Document your rationale for all food package assignments. Make sure all participant records have up-to-date documentation supporting the most recent food package assignment.

The majority of risks listed in the Nutritional Risk Criteria can be used as justification for a food package assignment. Identify the risk(s) of a participant, decide on the food package which seems best suited to help improve these risks, then document your reason for choosing the package. For participants with multiple risks, document the risk(s) most relevant to the food package assignment. Some examples are:

- low protein intake
- dislikes WIC cereal
- unwilling to ↑ dairy
- no refrigeration
- lactose-intolerance
- poor water supply (for ready-to-feed)
- mom can't mix formula (for ready-to-feed)
- infant's formula intake
- low Hgb
- <19 years old
- physician's note
- allergic to eggs
- G.I. disturbances
- underweight
- cultural preference

At Certification and Recertification

1. Write the food package rationale in the SOAP NOTE.

S (Subjective) Include statements made by the participant, parent or caretaker pertaining to the food package assignment, such as food preferences and dislikes.

A (Assessment) Include evaluation information relating to the food package assignment, such as:

- abnormal weight/height measurements
- abnormal pattern of weight gain
- weight loss, no increase in height
- abnormal lab values
- conditions that predispose to nutritional risk
- medical or nutritional concerns
- birth outcome
- inadequate food intake
- willingness to change eating behavior
- limited cooking/food storage facilities

Do not restate food package information noted in the "S" section of the SOAP note.

2. Record your documentation in the "Tailoring rationale" space on the certification form.

At Mid-Certification

Write the food package rationale in the progress note, on a flow sheet, or on a designated follow up form for mid-certification food package changes. Include subjective and assessment information pertaining to the food package assignment. (See previous page for how to write the food package rationale).

See the following pages for examples of tailoring documentation.



Massachusetts WIC Program

CERTIFICATION FORM
PREGNANT WOMEN

ID#

Name Stephanie Antunes

Date of Birth 11.14.66 Age 21 1/2

Health Care Charles Clinic

Primary Language Port. Race

Wks. Gestation Trimester
EDC 3.3.87 At Cert. 10 At Cert. 1

Infant Feeding Preference:

Breast ☐ Bottle ☐ Both ☐ Undecided ☒

Prev. Infant Feeding Prac. N/A

S: N/V all day
8-10 cups coffee or soda daily
"hate eggs and cheese"

O: G 1 P 0 AB 0 Current Wt. 117*

Ht. 5'8" Pregravid Wt. 115*

Hct. 30.1 Hgb. 11.0 Date 8.1.88

A: Pregravid wt < NL
Present wt gain < PN wt. gain grid
Hct < NL
diet < calories, < PRO
excessive caffeine intake
Prenatal vits 1x/day

Tailoring Rationale low wt. gain / food dislikes Food Pkg. 161

P: ☒ Prenatal Diet ☐ High wt. gain ☐ Low Wt. Gain ☒ Low HCT ☐ Nausea
☐ Constipation ☐ Heartburn ☐ Smoking ☐ Drug Abuse ☐ Breastfdg. ☐ Infant Fdg.
☐ Labor & Delivery ☐ Vit/Min. Supp. ☐ Therapeutic Diet
☒ Other Substitute juice, milk and caffeine-free soda for caffeine containing beverages.

wt. and diet ✓ at follow-up.

Referral Healthy Start

Certified? Yes ☒ No ☐ Priority 1AX Pick up Date 13

Reason wt gain below MA WIC Prenatal wt gain grid

Date of Certification 8.1.88 Signature S. Beck, Nutritionist

Second Contact: Date Offered ☐ N/S Initials ☐

Topic/Progress Note

☐ Diet ☐ High wt. gain ☐ Low wt. gain ☐ Low Iron Blood ☐ Nausea ☐ Constipation
☐ Heartburn ☐ Smoking ☐ Drug Abuse ☐ Breastfdg. ☐ Infant fdg. ☐ Labor & Delivery
☐ Therapeutic Diet ☐ Other



Mass. WIC 1/88
WIC Form #9

Massachusetts WIC Program
CERTIFICATION FORM

INFANTS - Birth to 12 Months

Name James Gusto Sex: ☒ M ☐ F ID# _____
Parent or Guardian Miriam Date of Birth 6.15.88 Age (Today) 2 mos
Health Care Parker Clinic Birth Weight 7#6oz Birth Length 19 3/4"
Primary Language Engl. Race _____ Gestational Age FT
Mother on WIC? Prenatal ☐ Postpartum ☐ Infant Feeding: Breast ☐ Bottle ☐ Both ☒

S: Infant refuses to take formula, "wants only juice and a little breastmilk!"
Infant lives with mother in a local shelter.

O: **MEASUREMENTS** Date 8.15.88
Age at Measurement 2 Months 0 Wks
Weight 10#8oz. Length 22 1/2"
Weight/Age %ile 25-50 Length/Age %ile 25-50
Weight/Length %ile 25-50

A: - no reported GI problems
- diet ↓ calories, ↓ protein, ↓ iron
- excessive juice intake, inadequate milk intake
- household water supply limited
- mother willing to d/c juice and ↑ breast and formula feedings.

LAB (6 months and older)
Hct. _____ Date _____
Hgb. _____ Date _____
FEP _____ Date _____
Pb _____ Date _____
OTHER _____

Tailoring Rationale poor diet, no household H₂O Food Pkg. 216

P: ☒ Infant Diet _____ Formula fdg. _____ Breastfdg. _____ Introduction of Solids _____ Weaning _____
NBS Cup _____ Making Baby Food _____ Vit/Min Supp. _____ Self fdg. _____ Growth charts _____
Other _____

Fu. in a few days with 240 recall.

Referral _____

Certified? Yes ☒ No ☐ Priority 4AX Pick up Date 20 Mother Assessed? Yes ☒ No ☐
Reason Diet low in total calories.
Date of Certification 8.15.88 Date of Assessment 8.15.88
Date 1st vouchers (WIC Infant) 8.15.88 Signature S. Beck, Nutritionist

Second Contact: Date Offered _____ N/S Initials _____
Topic Progress Note _____

Third Contact: Date Offered _____ N/S Initials _____
Topic Progress Note _____



Massachusetts WIC Program
CERTIFICATION FORM

ID#

CHILDREN - 1 to 5 Years

Name Andrea St. Germaine Date of Birth 8.8.87 Age (Today) 1yo
Parent or Guardian Maria Sex: M ☐ F ☒
Health Care B.St. Clinic Primary Language Hait Race _____

S:

O: MEASUREMENTS Date 8.8.88
Age a/o Measurement 1yo
Weight 18#12oz Height 28 1/2"
Weight/Age %ile 5-10% Height/Age %ile 5-10%
Weight/Height %ile 10-25%

Mother states child is picky eater.
hates milk, loves eggs.
Weaning from bottle.

A:

WT/age LNL
HT/age LNL
Diet seems < 3 proteins, < 2 fruits, < Fe
Slow intra. of table foods
PMH - low Hct

LAB Hct. 35.5 Date 8.8.88
Hgb. _____ Date _____
FEP _____ Date _____
Pb _____ Date _____
OTHER _____

Tailoring Rationale <WT, <HT, < Protein and Fe Food Package 375

P: Topics discussed/plan:

Preschool Nutr. _____ Overwt. ☒ Underwt. _____ Low Iron Blood _____ Lead Poisoning _____
NBS _____ Dental Care _____ Picky Eater _____ Pica _____ Self fdg. _____ Healthy Snacks _____
☒ Table Foods _____ Therapeutic Diet _____
☒ Other emp./dry milk-based recipes

F.U. in 2 weeks with wtv and 240 recall.

Referral _____

Certified? Yes ☒ No _____ Priority 3BX Pick up Date 01

Reason HT/age 5-10%

Date of Certification 8.8.88 Signature S. Beck, CPA

Second Contact: Date Offered/Scheduled _____ N/S Initials _____
Topic/Progress Note _____



Massachusetts WIC Program
CERTIFICATION FORM

ID#

CHILDREN - 1 to 5 Years

Name Win Chian Date of Birth 11.5.84 Age (Today) 3 1/2 yo
Parent or Guardian Sin Sex: M ☐ F ☒
Health Care Dr. Roberts Primary Language Chinese Race _____

S: dislikes milk
eats tofu and cheese daily
attends Head Start

O: MEASUREMENTS Date 5.5.88
Age a/o Measurement 3 1/2 yo
Weight 35# Height 40 1/2"
Weight/Age %ile 50.5 Height/Age %ile 90
Weight/Height %ile 25-50
LAB Hct. 33.3 Date 5.5.88
Hgb. _____ Date _____
FEP _____ Date _____
Pb _____ Date _____
OTHER _____

A: Hct. <NL
diet seems < 2 grains, < Fe
daily multiple vitamin & Fe

Tailoring Rationale <Hct, <Fe intake, dislikes milk

Food Package 301

P: Topics discussed/plan:

Preschool Nutr. _____ Overwt. _____ Underwt. ☒ Low Iron Blood _____ Lead Poisoning _____
NBS _____ Dental Care _____ Picky Eater _____ Pica _____ Self fdg. _____ Healthy Snacks _____
Table Foods _____ Therapeutic Diet _____
☒ Other protein needs

Referral dentist

Certified? Yes ☒ No _____ Priority 3CX Pick up Date 10

Reason HCT 33.1% to 34.0%

Date of Certification 5.6.88 Signature S. Beck CPA

Second Contact: Date Offered/Scheduled _____ N/S Initials _____
Topic/Progress Note



Mass. WIC 12/87
WIC Form #59

Massachusetts WIC Program

FOOD PACKAGE TABLES



July, 1988

Massachusetts WIC Program

SUMMARY OF FOOD PACKAGES BY STATUS

| STATUS | PARTICIPANT TYPE | PACKAGE TYPE | SERIES |
|--------|---|-------------------------|--------|
| 1 | PREGNANT WOMEN | Fluid milk | 100 |
| | | Evaporated/dry milk | 100 |
| | | Calcimilk | 500 |
| | | Lactaid | 500 |
| | | Formulas | 600 |
| 2 | POSTPARTUM WOMEN and WEANING WOMEN > 19 | Fluid milk | 400 |
| | | Evaporated/dry milk | 400 |
| | | Calcimilk | 500 |
| | | Lactaid | 500 |
| | | Formulas | 600 |
| 3 | BREASTFEEDING WOMEN, PARTIALLY BREASTFEEDING WOMEN and WEANING WOMEN ≤ 19 | Fluid milk | 100 |
| | | Evaporated/dry milk | 100 |
| | | Calcimilk | 500 |
| | | Lactaid | 500 |
| | | Formulas | 600 |
| 4 | BREASTFED INFANTS < 5 MONTHS | No vouchers issued | 200 |
| 5 | BREASTFED INFANTS ≥ 5 MONTHS | Infant cereal and juice | 200 |
| 6 | BREAST AND BOTTLEFED INFANTS | Iron fortified formula | 200 |
| | | Low iron formula | 600 |
| | | Special formulas | 600 |
| | | Milk packages | 600 |
| 7 | BOTTLEFED INFANTS | Iron fortified formula | 200 |
| | | Low iron formula | 600 |
| | | Special formulas | 600 |
| | | Milk packages | 600 |
| 8 | CHILDREN | Fluid milk | 300 |
| | | Evaporated/dry milk | 300 |
| | | Lowfat/skim milk | 500 |
| | | Calcimilk | 500 |
| | | Lactaid | 500 |
| | | Formulas | 600 |

PREGNANT WOMEN (Status I)

| 276 OUNCES FLUID JUICE or 288 OUNCES FROZEN JUICE | | | | |
|---|------------------|------------------|------------------|------------------|
| 1 POUND OF DRY BEANS/PEAS or 18 OUNCES OF PEANUT BUTTER | | | | |
| | 1 1/2 DOZEN EGGS | | 2 1/2 DOZEN EGGS | |
| | 28 OUNCES CEREAL | 36 OUNCES CEREAL | 28 OUNCES CEREAL | 36 OUNCES CEREAL |
| 16 QUARTS FLUID MILK | 100 | 101 | 110 | 111 |
| 13 QUARTS FLUID MILK 1 POUND CHEESE | 102 | 103 | 112 | 113 |
| 7 QUARTS FLUID MILK 3 POUNDS CHEESE | 104 | 105 | 114 | 115 |
| 20 QUARTS FLUID MILK | 120 | 121 | 130 | 131 |
| 17 QUARTS FLUID MILK 1 POUND CHEESE | 122 | 123 | 132 | 133 |
| 11 QUARTS FLUID MILK 3 POUNDS CHEESE | 124 | 125 | 134 | 135 |
| 24 QUARTS FLUID MILK | 140 | 141 | 150 | 151 |
| 21 QUARTS FLUID MILK 1 POUND CHEESE | 142 | 143 | 152 | 153 |
| 15 QUARTS FLUID MILK 3 POUNDS CHEESE | 144 | 145 | 154 | 155 |
| 28 QUARTS FLUID MILK | 160 | 161 | 170 | 171 |
| 25 QUARTS FLUID MILK 1 POUND CHEESE | 162 | 163 | 172 | 173 |
| 19 QUARTS FLUID MILK 3 POUNDS CHEESE | 164 | 165 | 174 | 175 |

(CONTINUED)

PREGNANT WOMEN (Status I)

| | | |
|--|---|--|
| | | 276 OUNCES FLUID JUICE or 288 OUNCES FROZEN JUICE |
| | | 1 POUND OF DRY BEANS/PEAS or 18 OUNCES OF PEANUT BUTTER |
| | | 2 1/2 DOZEN EGGS |
| | | 36 OUNCES CEREAL |
| 30 (12 oz) CANS EVAPORATED or 5 (16 oz) BOXES DRY | RECONSTITUTED: 22 QUARTS EVAPORATED 25 QUARTS DRY | 191 |
| 20 (12 oz) CANS EVAPORATED or 4 (16 oz) BOXES DRY 3 POUNDS CHEESE | RECONSTITUTED: 15 QUARTS EVAPORATED 20 QUARTS DRY | 195 |

BREASTFEEDING WOMEN (Status 3)

| 276 OUNCES FLUID JUICE or 288 OUNCES FROZEN JUICE | | | | |
|---|------------------|------------------|------------------|------------------|
| 1 POUND OF DRY BEANS/PEAS or 18 OUNCES OF PEANUT BUTTER | | | | |
| | 1 1/2 DOZEN EGGS | | 2 1/2 DOZEN EGGS | |
| | 28 OUNCES CEREAL | 36 OUNCES CEREAL | 28 OUNCES CEREAL | 36 OUNCES CEREAL |
| 16 QUARTS FLUID MILK | 100 | 101 | 110 | 111 |
| 13 QUARTS FLUID MILK 1 POUND CHEESE | 102 | 103 | 112 | 113 |
| 7 QUARTS FLUID MILK 3 POUNDS CHEESE | 104 | 105 | 114 | 115 |
| 20 QUARTS FLUID MILK | 120 | 121 | 130 | 131 |
| 17 QUARTS FLUID MILK 1 POUND CHEESE | 122 | 123 | 132 | 133 |
| 11 QUARTS FLUID MILK 3 POUNDS CHEESE | 124 | 125 | 134 | 135 |
| SUPPL 17-23 OZ/DAY | | | | |
| 24 QUARTS FLUID MILK | 140 | 141 | 150 | 151 |
| 21 QUARTS FLUID MILK 1 POUND CHEESE | 142 | 143 | 152 | 153 |
| 15 QUARTS FLUID MILK 3 POUNDS CHEESE | 144 | 145 | 154 | 155 |
| SUPPL 0-16 OZ/DAY | | | | |
| 28 QUARTS FLUID MILK | 160 | 161 | 170 | 171 |
| 25 QUARTS FLUID MILK 1 POUND CHEESE | 162 | 163 | 172 | 173 |
| 19 QUARTS FLUID MILK 3 POUNDS CHEESE | 164 | 165 | 174 | 175 |
| PARTIALLY BF/ WEANING < 19 | | | | |

(CONTINUED)

BREASTFEEDING WOMEN (Status 3)

| | | |
|--|---|--|
| | | 275 OUNCES FLUID JUICE or 288 OUNCES FROZEN JUICE |
| | | 1 POUND OF DRY BEANS/PEAS or 18 OUNCES OF PEANUT BUTTER |
| | | 2 1/2 DOZEN EGGS |
| | | 36 OUNCES CEREAL |
| 30 (12 oz) CANS EVAPORATED or 5 (16 oz) BOXES DRY | RECONSTITUTED: 22 QUARTS EVAPORATED 25 QUARTS DRY | 191 |
| 20 (12 oz) CANS EVAPORATED or 4 (16 oz) BOXES DRY 3 POUNDS CHEESE | RECONSTITUTED: 15 QUARTS EVAPORATED 20 QUARTS DRY | 195 |

BREASTFED INFANTS

(Status 4)

| | |
|----------------------|-----|
| BREASTFEEDING ONLY § | 299 |
|----------------------|-----|

(Status 5)

| | |
|---------------------------|-----|
| INFANT CEREAL AND JUICE * | 290 |
|---------------------------|-----|

§ No vouchers generated 0-4 months; will automatically receive infant cereal and juice at 5 months.

* CEREAL: Up to 24 ounces of Iron-fortified Infant cereal
JUICE: 63 ounces fluid or 96 ounces frozen

BREAST AND BOTTLEFED INFANTS (Status 6)
 BOTTLEFED INFANTS (Status 7)

| | Iron Fortified Infant Formula | |
|---|--|---|
| | 31 (13 oz) CANS CONCENTRATE or 8 (1 lb) CANS POWDERED | 25 (32 oz) CANS READY-TO-FEED |
| STANDARD FORMULA | 200 | 210 |
| STANDARD FORMULA, INFANT CEREAL, JUICE * | 201 | 211 |
| | 24 (13 oz) CANS CONCENTRATE or 6 (1 lb) CANS POWDERED | 19 (32 oz) CANS READY-TO-FEED |
| THREE-QUARTERS STANDARD FORMULA | 202 | 212 |
| THREE-QUARTERS STANDARD FORMULA, INFANT CEREAL, JUICE * | 203 | 213 |
| | 15 (13 oz) CANS CONCENTRATE or 4 (1 lb) CANS POWDERED | 13 (32 oz) CANS READY-TO-FEED |
| HALF STANDARD FORMULA | 204 | 214 |
| HALF STANDARD FORMULA, INFANT CEREAL, JUICE * | 205 | 215 |
| | 2 (1 lb) CANS POWDERED | 4 SIX-PACKS OF (8 oz) CANS READY-TO-FEED |
| SMALL FORMULA | 206 | 216 |
| SMALL FORMULA, INFANT CEREAL, JUICE * | 207 | 217 |
| | 1 (1 lb) CAN POWDERED | 2 SIX-PACKS OF (8 oz) CANS READY-TO-FEED |
| BREASTFEEDING FORMULA SUPPLEMENT | 208 | 218 |
| BREASTFEEDING FORMULA SUPPLEMENT, INFANT CEREAL, JUICE * | 209 | 219 |

- * CEREAL: Up to 24 ounces of iron-fortified infant cereal
 JUICE: 63 ounces fluid or 96 ounces frozen

CHILDREN (Status 8)

| 276 OUNCES FLUID JUICE or 288 OUNCES FROZEN JUICE | | | | |
|---|------------------|------------------|------------------|------------------|
| 1 POUND OF DRY BEANS/PEAS or 18 OUNCES OF PEANUT BUTTER | | | | |
| 1 1/2 DOZEN EGGS | | 2 1/2 DOZEN EGGS | | |
| | 28 OUNCES CEREAL | 36 OUNCES CEREAL | 28 OUNCES CEREAL | 36 OUNCES CEREAL |
| 16 QUARTS FLUID MILK | 300 | 301 | 310 | 311 |
| 13 QUARTS FLUID MILK 1 POUND CHEESE | 302 | 303 | 312 | 313 |
| 10 QUARTS FLUID MILK 2 POUNDS CHEESE | 304 | 305 | 314 | 315 |

| 1-3 YEAR-OLDS | | | | |
|---|-----|-----|-----|-----|
| 20 QUARTS FLUID MILK | 320 | 321 | 330 | 331 |
| 17 QUARTS FLUID MILK 1 POUND CHEESE | 322 | 323 | 332 | 333 |
| 14 QUARTS FLUID MILK 2 POUNDS CHEESE | 324 | 325 | 334 | 335 |

| 4 YEAR-OLDS | | | | |
|---|-----|-----|-----|-----|
| 24 QUARTS FLUID MILK | 340 | 341 | 350 | 351 |
| 21 QUARTS FLUID MILK 1 POUND CHEESE | 342 | 343 | 352 | 353 |
| 18 QUARTS FLUID MILK 2 POUNDS CHEESE | 344 | 345 | 354 | 355 |

(CONTINUED)

CHILDREN (Status 8)

1-3 YEAR-OLDS

| | | |
|--|---|--|
| | | 276 OUNCES FLUID JUICE or 288 OUNCES FROZEN JUICE |
| | | 1 POUND OF DRY BEANS/PEAS or 18 OUNCES OF PEANUT BUTTER |
| | | 1 1/2 DOZEN EGGS |
| | | 28 OUNCES CEREAL |
| 21 (12 oz) CANS EVAPORATED or 4 (16 oz) BOXES DRY | RECONSTITUTED: 15 QUARTS EVAPORATED 20 QUARTS DRY | 360 |
| 15 (12 oz) CANS EVAPORATED or 3 (16 oz) BOXES DRY 2 POUNDS CHEESE | RECONSTITUTED: 12 QUARTS EVAPORATED 15 QUARTS DRY | 364 |

4 YEAR-OLDS

| | | | |
|--|---|--|---------------------|
| | | 276 OUNCES FLUID JUICE or 288 OUNCES FROZEN JUICE | |
| | | 1 POUND OF DRY BEANS/PEAS or 18 OUNCES OF PEANUT BUTTER | |
| | | 36 OUNCES CEREAL | |
| | | 1 1/2 DOZEN EGGS | 2 1/2 DOZEN EGGS |
| 26 (12 oz) CANS EVAPORATED or 5 (16 oz) BOXES DRY | RECONSTITUTED: 19 QUARTS EVAPORATED 25 QUARTS DRY | 361 | 371 |
| 19 (12 oz) CANS EVAPORATED or 4 (16 oz) BOXES DRY 2 POUNDS CHEESE | RECONSTITUTED: 14 QUARTS EVAPORATED 20 QUARTS DRY | 365 | 375 |

POSTPARTUM WOMEN (Status 2)

| 184 OUNCES FLUID JUICE or 192 OUNCES FROZEN JUICE | | | | |
|---|------------------|------------------|------------------|------------------|
| | 1 1/2 DOZEN EGGS | | 2 1/2 DOZEN EGGS | |
| | 28 OUNCES CEREAL | 36 OUNCES CEREAL | 28 OUNCES CEREAL | 36 OUNCES CEREAL |
| 16 QUARTS FLUID MILK | 400 | 401 | 410 | 411 |
| 13 QUARTS FLUID MILK 1 POUND CHEESE | 402 | 403 | 412 | 413 |
| 7 QUARTS FLUID MILK 3 POUNDS CHEESE | 404 | 405 | 414 | 415 |
| | | | | |
| > 19 YEARS | | | | |
| 20 QUARTS FLUID MILK | 420 | 421 | 430 | 431 |
| 17 QUARTS FLUID MILK 1 POUND CHEESE | 422 | 423 | 432 | 433 |
| 11 QUARTS FLUID MILK 3 POUNDS CHEESE | 424 | 425 | 434 | 435 |
| | | | | |
| < 19 YEARS | | | | |
| 24 QUARTS FLUID MILK | 440 | 441 | 450 | 451 |
| 21 QUARTS FLUID MILK 1 POUND CHEESE | 442 | 443 | 452 | 453 |
| 15 QUARTS FLUID MILK 3 POUNDS CHEESE | 444 | 445 | 454 | 455 |
| | | | | |
| WEANING > 19 | | | | |

(CONTINUED)

POSTPARTUM WOMEN (Status 2)

| | | | |
|--|---|--|---------------------|
| | | 184 OUNCES FLUID JUICE or 192 OUNCES FROZEN JUICE | |
| | | 36 OUNCES CEREAL | |
| | | 1 1/2 DOZEN EGGS | 2 1/2 DOZEN EGGS |
| 26 (12 oz) CANS EVAPORATED or 5 (16 oz) BOXES DRY | RECONSTITUTED: 19 QUARTS EVAPORATED 25 QUARTS DRY | 461 | 471 |
| 16 (12 oz) CANS EVAPORATED or 3 (16 oz) BOXES DRY 3 POUNDS CHEESE | RECONSTITUTED: 12 QUARTS EVAPORATED 20 QUARTS DRY | 465 | 475 |

SPECIAL MILKS: Lowfat/Skim

| (Status 8) | | 276 OUNCES FLUID JUICE or 288 OUNCES FROZEN JUICE | | |
|----------------------|--------------------------------|---|------------------|------------------|
| | | 1 POUND OF DRY BEANS/PEAS or 18 OUNCES OF PEANUT BUTTER | | |
| | | 1 1/2 DOZEN EGGS | | 2 1/2 DOZEN EGGS |
| | | 28 OUNCES CEREAL | 36-OUNCES CEREAL | 36 OUNCES CEREAL |
| 2-3 YEAR-OLD PACKAGE | 20 QUARTS LOWFAT/ SKIM MILK | 500 | --- | --- |
| 4 YEAR-OLD PACKAGE | 24 QUARTS LOWFAT/ SKIM MILK | --- | 505 | 511 |

SPECIAL MILKS: Calcimilk

CALCIMILK PACKAGES MUST BE ASSIGNED OR APPROVED BY A NUTRITIONIST.

| | | |
|---|--|--|
| (Status 8) (may be issued to Status 1 and Status 3) | | 276 OUNCES FLUID JUICE or 288 OUNCES FROZEN JUICE |
| | | 1 POUND OF DRY BEANS/PEAS or 18 OUNCES OF PEANUT BUTTER |
| | | 2 1/2 DOZEN EGGS |
| | | 36 OUNCES CEREAL |
| 2-4 YEAR-OLD PACKAGE | 14 QUARTS CALCIMILK | 513 |
| 2-4 YEAR-OLD PACKAGE WITH CHEESE | 11 QUARTS CALCIMILK 2 POUNDS CHEESE | 515 |

| | | |
|---|--|-----|
| (Status 3) | | |
| PARTIALLY BREASTFEEDING PACKAGE | 14 QUARTS CALCIMILK | 513 |
| PARTIALLY BREASTFEEDING PACKAGE WITH CHEESE | 11 QUARTS CALCIMILK 2 POUNDS CHEESE | 515 |

| | | |
|--|--|-----|
| (Status 1, 3) | | |
| PRENATAL AND BREASTFEEDING PACKAGE | 16 QUARTS CALCIMILK | 517 |
| PRENATAL AND BREASTFEEDING PACKAGE WITH CHEESE | 11 QUARTS CALCIMILK 3 POUNDS CHEESE | 519 |

| | | |
|--|---------------------------------------|--|
| (Status 2, 3) | | 184 OUNCES FLUID JUICE or 192 OUNCES FROZEN JUICE |
| | | 2 1/2 DOZEN EGGS |
| | | 36 OUNCES CEREAL |
| POSTPARTUM AND WEANING PACKAGE | 14 QUARTS CALCIMILK | 531 |
| POSTPARTUM AND WEANING PACKAGE WITH CHEESE | 9 QUARTS CALCIMILK 3 POUNDS CHEESE | 533 |

SPECIAL MILKS: Lactaid

LACTAID PACKAGES MUST BE ASSIGNED OR APPROVED BY A NUTRITIONIST.

| | | | |
|---|--------------------------------------|--|------------------|
| (Status 8) (may be Issued to Status 1 and Status 3) | | 276 OUNCES FLUID JUICE or 288 OUNCES FROZEN JUICE | |
| | | 1 POUND OF DRY BEANS/PEAS or 18 OUNCES OF PEANUT BUTTER | |
| | | 1 1/2 DOZEN EGGS | 2 1/2 DOZEN EGGS |
| | | 28 OUNCES CEREAL | 36 OUNCES CEREAL |
| 2-3 YEAR-OLD PACKAGE | 20 QUARTS LACTAID | 540 | --- |
| 2-3 YEAR-OLD PACKAGE WITH CHEESE | 14 QUARTS LACTAID 2 POUNDS CHEESE | 542 | --- |

| | | | |
|--------------------------------|--------------------------------------|-----|-----|
| 4 YEAR-OLD PACKAGE | 24 QUARTS LACTAID | --- | 551 |
| 4 YEAR-OLD PACKAGE WITH CHEESE | 18 QUARTS LACTAID 2 POUNDS CHEESE | --- | 553 |

(Status 3)

| | | | |
|---|--------------------------------------|-----|-----|
| PARTIALLY BREASTFEEDING PACKAGE | 24 QUARTS LACTAID | --- | 551 |
| PARTIALLY BREASTFEEDING PACKAGE WITH CHEESE | 18 QUARTS LACTAID 2 POUNDS CHEESE | --- | 553 |

(Status 1, 3)

| | | | |
|--|--------------------------------------|-----|-----|
| PRENATAL AND BREASTFEEDING PACKAGE | 28 QUARTS LACTAID | --- | 555 |
| PRENATAL AND BREASTFEEDING PACKAGE WITH CHEESE | 19 QUARTS LACTAID 3 POUNDS CHEESE | --- | 557 |

(CONTINUED)

SPECIAL MILKS: Lactaid

LACTAID PACKAGES MUST BE ASSIGNED OR APPROVED BY A NUTRITIONIST.

| | | |
|--|--------------------------------------|--|
| (Status 2, 3) | | 184 OUNCES FLUID JUICE or 192 OUNCES FROZEN JUICE |
| | | 2 1/2 DOZEN EGGS |
| | | 36 OUNCES CEREAL |
| POSTPARTUM AND WEANING PACKAGE | 24 QUARTS LACTAID | 559 |
| POSTPARTUM AND WEANING PACKAGE WITH CHEESE | 15 QUARTS LACTAID 3 POUNDS CHEESE | 571 |

SPECIAL NEEDS: Infants (Status 6, 7)

SPECIAL NEEDS PACKAGES MUST BE REQUESTED IN WRITING BY THE PARTICIPANT'S PHYSICIAN.

| | Low Iron Infant Formula | |
|---|--|---|
| | 31 (13 oz) CANS CONCENTRATE or 8 (1 lb) CANS POWDERED | 25 (32 oz) CANS READY-TO-FEED |
| STANDARD FORMULA | 600 | 610 |
| STANDARD FORMULA, INFANT CEREAL, JUICE * | 601 | 611 |
| | 24 (13 oz) CANS CONCENTRATE or 6 (1 lb) CANS POWDERED | 19 (32 oz) CANS READY-TO-FEED |
| THREE-QUARTERS STANDARD FORMULA | 602 | 612 |
| THREE-QUARTERS STANDARD FORMULA, INFANT CEREAL, JUICE * | 603 | 613 |
| | 15 (13 oz) CANS CONCENTRATE or 4 (1 lb) CANS POWDERED | 13 (32 oz) CANS READY-TO-FEED |
| HALF STANDARD FORMULA | 604 | 614 |
| HALF STANDARD FORMULA, INFANT CEREAL, JUICE * | 605 | 615 |
| | 2 (1 lb) CANS POWDERED | 4 SIX-PACKS OF (8 oz) CANS READY-TO-FEED |
| SMALL FORMULA | 606 | 616 |
| SMALL FORMULA, INFANT CEREAL, JUICE * | 607 | 617 |
| | 1 (1 lb) CAN POWDERED | 2 SIX-PACKS OF (8 oz) CANS READY-TO-FEED |
| BREASTFEEDING FORMULA SUPPLEMENT | 608 | 618 |
| BREASTFEEDING FORMULA SUPPLEMENT, INFANT CEREAL, JUICE * | 609 | 619 |

* CEREAL: up to 24 ounces of iron-fortified infant cereal
 JUICE: 63 ounces fluid or 96 ounces frozen

(CONTINUED)

SPECIAL NEEDS: Infants (Status 6, 7)

SPECIAL NEEDS PACKAGES MUST BE REQUESTED IN WRITING BY THE PARTICIPANT'S PHYSICIAN.

| Special Formulas | |
|---|-----|
| 8 (1 lb) CANS POWDERED | |
| NUTRAMIGEN, PORTAGEN or PREGESTIMIL | 620 |
| NUTRAMIGEN, PORTAGEN or PREGESTIMIL, INFANT CEREAL, JUICE * | 621 |

| 6 MONTHS AND OLDER ONLY | | Milk Packages |
|---|-----------------------------|---------------|
| 20 QUARTS WHOLE MILK, INFANT CEREAL, JUICE * | | 691 |
| 10 QUARTS WHOLE MILK, INFANT CEREAL, JUICE * | | 693 |
| 21 (12 oz) CANS EVAPORATED MILK, INFANT CEREAL, JUICE * | RECONSTITUTED: 15 QUARTS | 695 |

- * CEREAL: up to 24 ounces of iron-fortified infant cereal
 JUICE: 63 ounces fluid or 96 ounces frozen

SPECIAL NEEDS: Women & Children (Status 1, 2, 3, 8)

SPECIAL NEEDS PACKAGES MUST BE REQUESTED IN WRITING BY THE PARTICIPANT'S PHYSICIAN.

| Iron Fortified Formula | | |
|---|--|----------------------------------|
| | 31 (13 oz) CANS CONCENTRATE or 8 (1 lb) CANS POWDERED | 25 (32 oz) CANS READY-TO-FEED |
| STANDARD FORMULA, CEREAL, JUICE * | 625 | 651 |
| | 35 (13 oz) CANS CONCENTRATE or 9 (1 lb) CANS POWDERED | 28 (32 oz) CANS READY-TO-FEED |
| ABOVE STANDARD FORMULA, CEREAL, JUICE * | 627 | 653 |

| Low Iron Formula | | |
|-----------------------------------|--|----------------------------------|
| | 31 (13 oz) CANS CONCENTRATE or 8 (1 lb) CANS POWDERED | 25 (32 oz) CANS READY-TO-FEED |
| STANDARD FORMULA, CEREAL, JUICE * | 629 | 655 |

| Special Formulas | | |
|---|------------------------|-----------------|
| | 8 (1 lb) CANS POWDERED | (READY-TO-FEED) |
| NUTRAMIGEN, PORTAGEN or PREGESTIMIL, CEREAL, JUICE * | 641 | --- |

| | |
|----------------|-----|
| MANUAL PACKAGE | 699 |
|----------------|-----|

* CEREAL: up to 36 ounces of WIC cereal
 JUICE: 138 ounces fluid or 144 ounces frozen

AUTOMATIC FOOD PACKAGE CHANGES

FOOD PACKAGE CHANGES FOR INFANTS AT 5 MONTHS, INFANTS AT 1 YEAR, AND CHILDREN AT 4 YEARS ARE DONE AUTOMATICALLY BY THE WIC COMPUTER.

There are three food package changes that are done automatically by computer, based on the participant's age and previous food package assignment.

A. Infants At Five Months

All infants turning 5 months old, including infants on special needs packages, will automatically have infant cereal and juice added to their food package in the month they turn 5 months old.

B. Infants At One Year

All infants turning one year old, including infants on special needs packages, will automatically have their food package changed to a package 322. This package is one of the three recommended food packages for 1-3 year olds, and contains 17 quarts of milk and 1 pound of cheese.

C. Children At 4 Years

Except for children on special milk or special needs packages, all children turning 4 will automatically receive a recommended package for 4-year-olds, as follows:

| <u>PREVIOUS PACKAGE</u> | <u>NEW PACKAGE</u> |
|--|--------------------|
| Milk | 341 |
| Milk and 1 pound of cheese | 343 |
| Milk and 2 pounds of cheese | 345 |
| Evaporated/dry milk | 361 |
| Evaporated/dry milk and 2 pounds of cheese | 365 |

SPECIAL PRESCRIPTION FORMULAS

ONLY THE PARTICIPANT'S PHYSICIAN MAY PRESCRIBE A SPECIAL OR LOW-IRON FORMULA.

OBTAIN A WRITTEN REQUEST FROM THE PARTICIPANT'S PHYSICIAN BEFORE YOU ISSUE THE VOUCHERS.

The FORMULAS AVAILABLE FROM THE MASSACHUSETTS WIC PROGRAM booklet lists all the special prescription formulas available from the WIC Program, along with the following information about each formula: manufacturer, composition, indication, size of can/box/packet, amount reconstituted, price, amount provided by the WIC food package, and what kind of approval is needed.

This booklet also contains a list of formulas not provided by Massachusetts WIC, and the reasons they are not available.

WHEN A PARTICIPANT NEEDS A SPECIAL FORMULA

1. Determine the pharmacy where s/he will buy the formula.
2. Call the pharmacy and notify the manager or pharmacist what formula is needed and in what quantity. Give the manager the participant's name.
3. If the formula is not currently in stock, find out when it will be available. Vendor contracts with pharmacies require that prescription formula be made available within 48 hours from the time of the order.
4. Inform the manager that if the cost of the voucher exceeds \$25.00, s/he must send it directly to the following address for reimbursement:

State WIC Office
Attn: Vendor Compliance Assistant
150 Tremont St., 3rd Floor
Boston, MA. 02116

Remind the manager to use the vendor stamp before sending the vouchers, and to enclose the store name and mailing address.

5. Write out the vouchers. See the following chart for the number of vouchers in each package, the food messages, etc.

SPECIAL PRESCRIPTION FORMULA PACKAGES

Unless indicated, the following food packages are written with a manual package 699.

| PACKAGE TYPE | # VOUCHERS | MESSAGE | SPECIAL INSTRUCTIONS |
|--------------------------|------------|---|----------------------|
| Ensure (powder) | 1 | 7 (14 oz) cans powdered Ensure | State Reimbursement |
| | 1 | 6 (14 oz) cans powdered Ensure | |
| Ensure (ready-to-feed) | 5 | 5 (32 oz) cans ready-to-feed Ensure | |
| Ensure Osmolite | 5 | 5 (32 oz) cans ready-to-feed Ensure Osmolite | |
| Isocal | 5 | 5 (32 oz) cans ready-to-feed Isocal | |
| Lofenelac | 3 | 1 (2.5 lb) can powdered Lofenelac | |
| MSUD Diet Powder | 1 | 3 (2.5 lb) cans MSUD Diet Powder | State Reimbursement |
| Nutramigen (concentrate) | 7 | 4 (13 oz) cans Nutramigen concentrate | State Reimbursement |
| | 1 | 3 (13 oz) cans Nutramigen concentrate | |
| Phenyl-Free | 1 | 4 (2.5 lb) cans powdered Phenyl-free | State Reimbursement |
| PKU-1 | 1 | 2 (1.1 lb) cans powdered PKU-1 | State Reimbursement |
| PKU-2 | 1 | 2 (1.1 lb) cans powdered PKU-2 | State Reimbursement |
| Product 3200AB | 7 | Product 3200AB | |
| Product 3200K | 7 | 1 (14 oz) can powdered Product 3200K | |
| Product 3232A | 1 | 4 (1 lb) cans of Product 3232 A | State Reimbursement |
| Product 80056 | 1 | 1 (5 lb) can powdered Product 80056 | State Reimbursement |

SPECIAL PRESCRIPTION FORMULA PACKAGES, p. 2

| PACKAGE TYPE | # VOUCHERS | MESSAGE | SPECIAL INSTRUCTIONS |
|---------------------------|------------|---------------------------------------|----------------------|
| RCF | 3 | 8 (13 oz) cans RCF | |
| | 1 | 7 (13 oz) cans RCF | |
| Sustacal (powder) | 1 | 2 (3.8 lb) cans powdered Sustacal | State Reimbursement |
| Sustacal (powder packets) | 2 | 8 boxes of Sustacal Powder Packets | State Reimbursement |
| Sustacal (ready-to-feed) | 5 | 5 (32 oz) cans Ready-To-Feed Sustacal | |
| Sustagen (1 lb cans) | 5 | 5 (1 lb) cans powdered Sustagen | State Reimbursement |
| Sustagen (2.5 lb cans) | 2 | 5 (2.5 lb) cans powdered Sustagen | State Reimbursement |
| Sustagen (5 lb cans) | 1 | 2 (5 lb) cans powdered Sustagen | State Reimbursement |
| | 1 | 3 (5 lb) cans powdered Sustagen | |
| Vital | 2 | 10 boxes of Vital powder packets | State Reimbursement |

Medicaid Reimbursement of Special Medical Formulas

Chapter 655 of the Medicaid Acts of 1983 provides for third party reimbursement for special medical formulas which are approved by the Commissioner of Public Health and prescribed by a physician for the treatment of certain inborn errors of metabolism, malabsorption syndromes, metabolic deficiencies, and protein, carbohydrate and fat intolerances.

The formulas available include most WIC-approved special prescription formulas as well as many formulas not available through the WIC Program. These formulas are approved on a case-by-case basis and most requests with sufficient medical documentation are approved. The approval process takes approximately 2-3 weeks.

Have the participant's physician submit a request for "prior approval" coverage of a special formula as soon as the need for a special formula is apparent. You may provide interim benefits of WIC approved formula supplements until prior approval from Medicaid is received. Ask the participant at each voucher pick-up whether Medicaid reimbursement has been approved.

The procedure for obtaining "prior approval" for payment of formula for infants and children is as follows:

1. The Medicaid participant's physician writes a letter to the Pharmacy Program using his/her own or the hospital's letterhead, requesting approval for payment of formula and including:

- the patient's name, address, and Medicaid cardholder number
- a diagnosis and statement of medical necessity
- the name of the product prescribed and the unit size to be obtained.

2. S/he sends the letter to:

Pharmacy Program - Prior Approvals
Medical Division, Room 740
Department of Public Welfare
600 Washington Street
Boston, MA 02111

3. When the Pharmacy Program approves coverage of the formula, they notify the physician of the date of issue and the date of expiration. The prescription is usually good for up to five refills or for a duration of six months, whichever comes first.

The physician writes a prescription for the formula and includes the special billing number given in the approval letter. The participant presents the prescription and her Medicaid card to the local pharmacy to obtain the formula.

NUTRITION CARE

TAILOR PARTICIPANTS' NUTRITION EDUCATION AND COUNSELING TO THEIR NEEDS. TAKE INTO CONSIDERATION THEIR CONCERNS AND PROBLEMS, EDUCATION LEVEL, ENVIRONMENTAL LIMITATIONS, CULTURAL PRACTICES, CAPABILITIES AND LIFESTYLE.

COMMUNICATE NUTRITION INFORMATION AT A COMPREHENSIVE LEVEL AND IN A LANGUAGE THE PARTICIPANT UNDERSTANDS.

PROVIDE NUTRITION CARE AT NO COST TO THE PARTICIPANT.

DO NOT DENY SUPPLEMENTAL FOODS FOR FAILURE TO ATTEND OR PARTICIPATE IN NUTRITION EDUCATION ACTIVITIES.

Client-Centered Counseling

Client-centered counseling increases participants' ability to understand and meet their own nutritional health needs during and after WIC program participation.

To be most effective, nutrition education should help participants take responsibility for their own nutritional care.

Client-centered counseling is based on the premise that helping the participant to identify problems and concerns is the key to successfully motivating her to change her eating habits and lifestyle to positively impact on nutrition and health.

Counseling Objectives

The counselor has two objectives in any counseling session:

1. to gain participant trust and to collect accurate information on food and nutrition practices by listening for problems a participant wants to solve.
2. to present new information in a manner that offers a solution to the participant's problem. The participant is likely to listen to the solution and set a goal because she has raised the problem herself.

GUIDELINES FOR THE COUNSELING SESSION

Use the following guidelines to create a successful counseling session.

1. The Setting

- make sure the office space is private enough to ensure confidentiality and privacy
- try to eliminate outside noise and distractions
- request not to be interrupted

2. Beginning the Counseling Session

- be on time
- introduce yourself
- explain what you are doing and why
- explain how long the appointment will be
- briefly explain the WIC program
- encourage the participant to ask questions

3. Gathering Information

- use open-ended questions
- listen to the participant
- clarify anything the participant doesn't understand
- maintain eye contact
- be relaxed
- have a genuine interest in what the participant is saying, and let your face express it

4. Giving Information

- select one major point. Do not try to cover everything in one session
- use language that is on the participant's level, but don't speak down to her/him
- reinforce what you suggest by using pictures, posters or food models
- summarize the session

EVALUATING CLIENT-CENTERED COUNSELING

The state agency has produced forms for evaluating individual, group, and secondary contact counseling sessions during your program's annual site visit. These forms are included in your Originals Packet so you can use them to monitor for client-centered counseling among your own staff.

NUTRITION CARE PLAN

THE CARE PLAN SUMMARIZES THE ENTIRE NUTRITION ENCOUNTER WITH A PARTICIPANT.

A GOOD CARE PLAN DESCRIBES ALL THE IMPORTANT COMPONENTS OF THE PERSON'S NUTRITIONAL STATUS AND INCLUDES MUTUALLY AGREED UPON PLANS FOR CHANGE AND FOLLOW-UP.

The purpose of the care plan is:

- o to improve health status and maintain that improvement
- o to obtain a desired behavior
- o to increase the participant's knowledge and skills
- o to refer the participant to additional resources as needed.

Write the care plan in the "SOAP" format for clarity and consistency.

S = Subjective: what the client says, quoted directly or paraphrased.
Stated information pertaining to the food package assignment such as food preferences, dislikes, and willingness to change intake.

EXAMPLE: "Billy looks skinny" Likes milk, eggs - dislikes cereal.

For participants certified in groups, write "Group Cert" in this section. Subjective information is not mandatory for participants certified in a group, but you may include it if you wish.

O = Objective: lab work (hematocrit, hemoglobin or FEP values) and anthropometric measurements (height, weight and growth chart percentiles) and the complete dates on which they were taken.

A = Assessment: evaluation of the participant's status based on subjective and objective data and any risk factors identified in the interview. Comment(s) on the certification reason. Rationale for food package assignment. Blood values and anthropometric measurements that are below WIC standards.

Do not repeat food likes and dislikes already stated in the subjective section. For specific instructions on documenting the food package rationale, see CHOOSING AND DOCUMENTING THE FOOD PACKAGE in this Procedure Manual.

EXAMPLE: "Weight/height 5-10%ile. ↓ hct, diet ↓ 2 servings grains, iron."

Tailoring rationale: underwt, unwilling to ↑ cereal

Food pkg. 354

Information found to be adequate or within normal limits may also be included but is not mandatory, as is a note about your assessment of the client's stated interests or receptivity to nutrition education.

P = Plan: what will happen next. Include changes you and the participant agreed on, any nutrition education materials you provided, and any follow-up appointments or referrals you made.

EXAMPLE: "Reinforced current intake of nutrient-dense foods. Discussed low blood iron, taking WIC juices with ↑ iron foods. Follow up two months on weight gain".

You may use the check-list in this section to document topics discussed. Plans for high-risk individuals, however, must also include information other than check-list topics.

A complete WIC care plan includes appropriate referrals as suggested by the CPA or requested by the participant. Include referrals for medical care, social services, EFNEP, day care, early intervention, emergency food, and family planning, and document them on the referral line on the certification form. See the REFERRALS section of this Procedure Manual for an extensive list of referrals.

See next page for a sample Nutrition Care Plan.



Massachusetts WIC Program

CERTIFICATION FORM

PREGNANT WOMEN

ID# 0031165

Name Marie Derosier

Date of Birth 1.4.52 Age 36

Health Care Happy Valley Health Ctr

Primary Language Fr Creole/Eng Race H

Wks. Gestation Trimester
EDC 9.27.88 At Cert. 26 At Cert. 3

Infant Feeding Preference:

Breast Bottle Both ☒ Undecided

Prev. Infant Feeding Prac. Both

S: "I had morning sickness every day the first two months"

- Likes cereal, eggs + cheese - not willing to ↑ milk intake

O: G3 P2 AB 0 Current Wt. 174 1/2

Ht. 5'6" Pregravid Wt. 164

Hct. 29 Hgb. Date 5.8.88

A: PGW > standards/height

- Age > 35 yrs.
- ↓ Hct - 0 v.+/Min supp.
- works night shift

• Total wt gain ↓ MA WIC PN grid

• Improved appetite

• Dt ↓ Calcium - 2svgs, Grains - 1svg,

• Adequate ^{iron} kcal's from ↑ fried fds, ice cream

Tailoring Rationale limited milk - prefers evap.

Food Pkg. 195

P: ☒ Prenatal Diet High wt. gain Low Wt. Gain ☒ Low HCT Nausea
 Constipation Heartburn Smoking Drug Abuse Breastfdg. Infant Fdg.
 Labor & Delivery ☒ Vit/Min. Supp. Therapeutic Diet

☒ Other Reinforced rate of weight gain, emphasized Vit C/Iron foods in diet

Referral MD for Rx iron supplement

Certified? Yes ☒ No Priority 1AX Pick up Date

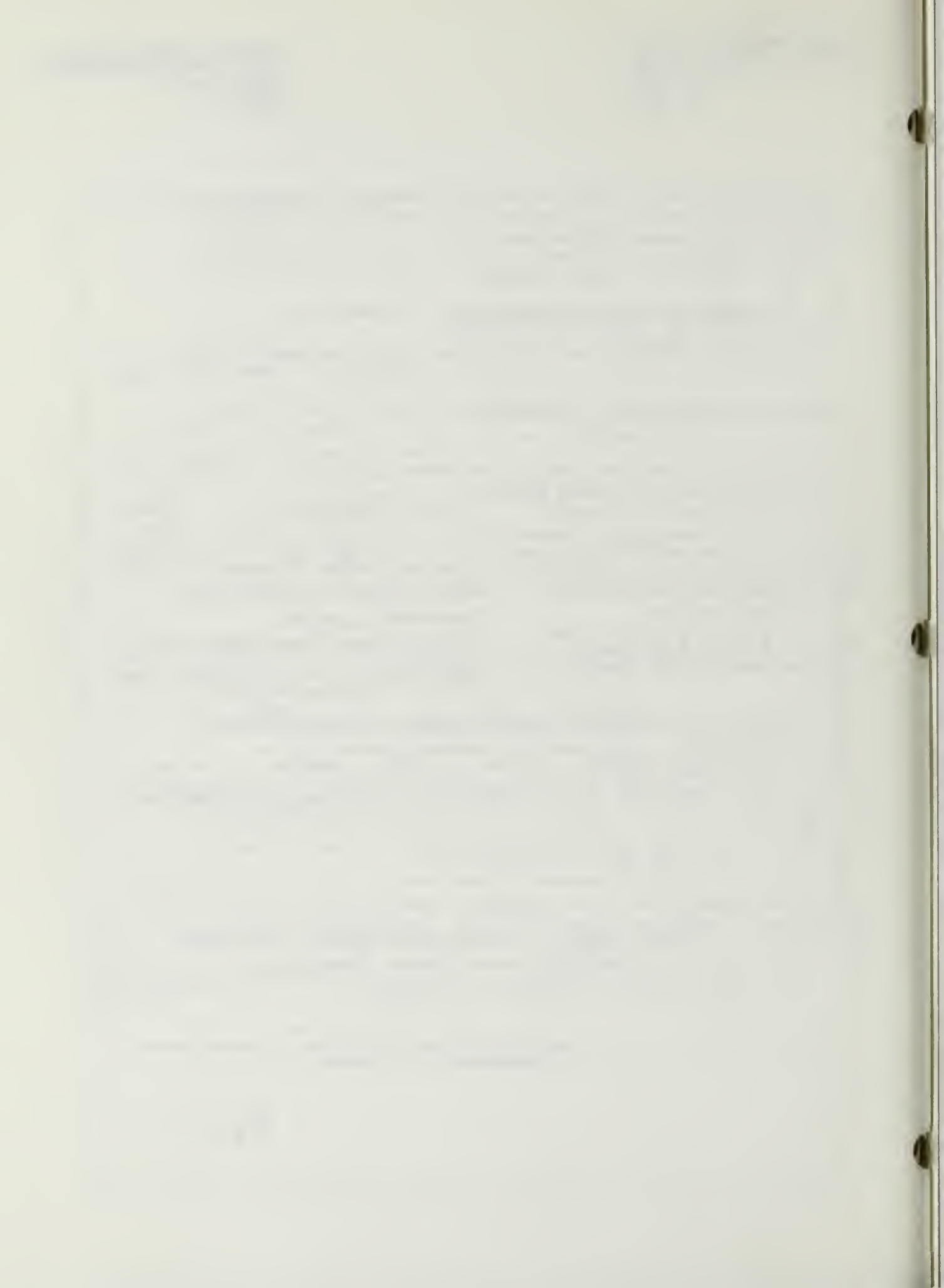
Reason Maternal age at onset of pregnancy > 35 years

Date of Certification 6.20.88 Signature Sonia Rodriguez

Second Contact: Date Offered 7.15.88 N/S Initials S.R.

Topic/Progress Note

 Diet High wt. gain Low wt. gain ☒ Low Iron Blood Nausea Constipation
 Heartburn Smoking Drug Abuse ☒ Breastfdg. Infant fdg. Labor & Delivery
 Therapeutic Diet Other ☒ Supplement, wt. gain



NUTRITION EDUCATION

MAKE AT LEAST TWO NUTRITION EDUCATION CONTACTS AVAILABLE TO EACH PARTICIPANT OR HER/HIS PARENTS. THE INITIAL CERTIFICATION IS THE FIRST CONTACT.

NUTRITION EDUCATION INCLUDES ALL THE LEARNING AND TEACHING ACTIVITIES THAT TAKE PLACE BETWEEN THE PARTICIPANT AND THE WIC NUTRITION STAFF.

DOCUMENT NUTRITION EDUCATION CONTACTS IN THE PARTICIPANT'S RECORD.

Nutrition education is an integral part of the WIC program. Provide two nutrition education contacts for each participant during a certification period. It may be provided at various times during the certification period - at the initial certification and at follow-up appointments - and by a variety of techniques. However, participants are not obliged to participate in nutrition education activities in order to receive food vouchers.

The purpose of nutrition education is to:

- emphasize the relationship between nutrition and good health
- improve the nutritional status of WIC participants by enabling them to make informed choices regarding food purchasing, preparation and eating habits.

Relate nutrition education provided to participants to their nutritional status, cultural preferences, and household resources. See Client-Centered Counseling in the NUTRITION CARE section of this Procedure Manual for more information.

- ** Provide individual nutrition education during one-to-one certification or follow-up sessions.
- ** Provide group sessions to meet the needs of several participants at once, and to create a forum for participants to share their experiences. Include activities which allow for maximum participant interaction and feedback.

Nutrition education does not have to be provided by WIC nutrition staff. If the participant is affiliated with a nutrition education program in the health center or clinic, coordinate and complement rather than duplicate the nutrition education the participant receives.

Use handouts, newsletters, bulletin boards, and posters to supplement nutrition education. Make sure these materials appropriately reflect the cultural and ethnic backgrounds of participants and provide accurate nutrition information.

EVALUATING NUTRITION EDUCATION MATERIALS

Use the E.M.P.O.W.E.R. Manual* to evaluate all materials use or produced by your program. This manual gives complete instructions for ensuring appropriateness and quality of nutrition education materials.

* Evaluate Materials to Promote Optimal Use of WIC Education Resources

DOCUMENTING NUTRITION EDUCATION

Document any nutrition education contacts, and refusals of contacts, in the participant's record, including the content, the date, and staff initials.

SECONDARY CONTACTS

OFFER AT LEAST ONE SECONDARY CONTACT, OR NUTRITION EDUCATION FOLLOW-UP, FOR EACH PARTICIPANT DURING EACH CERTIFICATION PERIOD.

DOCUMENT OFFERING OF SECONDARY CONTACTS IN THE PARTICIPANT'S RECORD.

- ** Give all prenatals at least one individual follow-up during pregnancy.
- ** Offer at least one follow-up appointment to all parents and caretakers of infants and children. If the child is at the appointment, include her/him in the discussion.

Follow-up continues the process of imparting client-centered nutrition education begun at certification. Therefore, the nature of the secondary contact depends on the participant's need as identified by the CPA at the initial appointment. Each program should develop levels of care based on participant needs as well as protocols for follow-up appointments.

Use groups, presentations or individual counseling for high- or low-risk follow-up. Groups are encouraged where space permits, as participant interaction facilitates learning and fosters peer support in settings where parents or caretakers may otherwise be isolated.

OPTIONS FOR SECONDARY CONTACTS

Secondary contacts may be scheduled as program staffing and space allow. The following is a list of secondary contact options:

Individual Contacts

- counseling appointment with nutritionist or CPA, depending on participant need
- height/weight measurement and plot during certification period, with discussion of growth or prenatal weight gain
- food or food package explanation, or food package change
- individual question by participant with explanation by any WIC staff member (for low risk participants) or explanation by nutritionist (for high risk participants).

NOTE: Telephone contacts may not be considered secondary nutrition education contacts.

Group Contacts

- audio-visual presentation
- food demonstration
- discussion group, lecture, speaker

Nutrition-related non-WIC staff such as EFNEP, Head Start or MCH nutritionists may provide secondary contacts. These may occur on or off-site but must be documented in the participant record.

DOCUMENTING SECONDARY CONTACTS

Document the offering of secondary contacts in the participant record using the "Second Contact" section on the certification form. Include the complete date, the topic(s) to be covered and your initials.

If the participant comes to the scheduled contact, complete a SOAP note for high-risk participants and participants seen individually. For low-risk participants, complete a checklist or the progress note section of the certification form. Include the complete date, the topic(s) covered and your initials.

If, at repeat certification, you find that the client did not attend the scheduled contact, document the no-show in the "Second Contact" section of the previous certification form.

PARTICIPANT EVALUATION OF NUTRITION EDUCATION

ACTIVELY SOLICIT YOUR PARTICIPANTS' VIEWS ON THE NUTRITION EDUCATION
YOUR PROGRAM PROVIDES.

At least once a year, distribute the Participant Nutrition Education Questionnaire to your participants so they can comment on the nutrition education you provide to them.

Use this information to develop your Nutrition Education Action Plan goals and to alter nutrition education activities to best serve participants.

The Nutrition Education Survey is included in your Originals Packet.

BREASTFEEDING

GIVE ALL PRENATAL WOMEN AN UNEQUIVOCAL ENDORSEMENT OF BREASTFEEDING AS THE IDEAL METHOD OF INFANT FEEDING.

SUPPORT ALL WOMEN IN THEIR FEEDING CHOICE.

Ensure that participants receive complete and accurate information regarding breastfeeding by:

- * Providing breastfeeding support contacts for both prenatal and postpartum women.
- * Integrating your breastfeeding promotion and support efforts with those of the woman's other health care providers.
- * Distributing accurate, unbiased and culturally appropriate breastfeeding educational materials.
- * Issuing the smallest amount of supplemental formula an infant needs in order to minimize the possibility of replacing breastmilk with formula.
- * Ensuring that the relationship between your WIC program and the infant formula industry is in the best interest of breastfeeding and abides by the WHO code.

See the BREASTFEEDING PROMOTION AND SUPPORT sections of this Procedure Manual for a complete description of the Massachusetts WIC Program's policies regarding breastfeeding promotion.

REFERRALS

REFER ALL APPLICANTS AND PARTICIPANTS TO THE FOLLOWING PROGRAMS, IF THEY ARE NOT ALREADY ENROLLED: FOOD STAMPS, MEDICAID, HEALTHY START, AND AFDC (AID TO FAMILIES WITH DEPENDENT CHILDREN).

REFER ALL APPLICANTS AND PARTICIPANTS TO OTHER HEALTH AND SOCIAL SERVICE PROGRAMS, WHERE APPROPRIATE.

You are responsible for telling WIC applicants and participants about the types of programs and services available to them.

Any member of your staff who has contact with applicants or participants must have access to information for providing appropriate referrals.

Keep a current listing of federal, state, and local resources that might be helpful for applicants or participants. Update your listings regularly, with information such as:

- name of program or service
- address and phone number
- services available
- eligibility requirements
- office hours
- key contact person

DEVELOPING A REFERRAL NETWORK

An effective referral network is dependent upon three factors:

1. Your ability to determine the need to refer a person to another program or service;
2. Having materials available to provide applicants or participants with accurate information about the various resources available;
3. Designing a means of following up referrals that you have made.

Assess the need or the urgency of an applicant's or participant's situation and the ability of the person you are referring to follow through with the referral. In some cases you will need to help the person with the referral (making the initial contact, setting up the appointment, explaining the services, etc.).

Be particularly sensitive to the person's needs when making referrals. Be aware of language barriers and the special needs of the physically challenged, people with emotional problems and people who are reluctant about using social services.

REFERRING PEOPLE TO FOOD STAMPS, AFDC, MEDICAID, AND PROJECT GOOD HEALTH

Refer all applicants and participants to these programs, if they are not currently enrolled. Do not make any assumptions about whether someone might be eligible or not. Have information about these programs available, including the addresses and telephone numbers of the nearest offices. Find someone to use as a regular contact person at each office to facilitate referrals.

REFERRING PEOPLE TO HEALTHY START AND MCH/MIC PROGRAMS

Refer all prenatal women to these programs during their first prenatal visit, if they are not already enrolled. Do not make assumptions about whether someone might be eligible or not. This referral information may have an impact at a later date even if a participant does not take immediate action.

DOCUMENTING REFERRALS

Document all referrals you make in the participant's record.

Any staff member may refer and document a health or income-related referral, but the following procedures are recommended to ensure consistent documentation:

1. Have program staff verify income-related referrals (to Food Stamps, AFDC, Medicaid, fuel assistance, etc.) on the income eligibility form, when they verify income.
2. Have nutrition staff document health-related referrals (Healthy Start, PGH, EFNEP, etc.) on the certification form, when they certify and counsel participants.
3. Have program staff document other referrals (such as food pantry, surplus cheese, etc.) on a "Referrals Made" form, when they distribute vouchers.

REFERRAL SOURCE LIST

Use this referral source list as a guide to develop a referral list for your own community.

LOCAL

| | |
|--------------------------------------|----------------------|
| Department of Manpower Training | Medicaid |
| Children's protection services | Food Stamps |
| Children's Aid and family services | AFDC |
| Early Intervention programs | General Relief |
| Lead Poisoning Prevention Programs | Employment office |
| School Health Education coordinators | Housing Authority |
| Healthy Start | Food pantries |
| Visiting Nurse Association | Legal services |
| Mental health services | Catholic Charities |
| Al-Anon (families of alcoholics) | Office for Children |
| Family Planning organizations | Head Start |
| Battered Women's shelter(s) | Alcoholics Anonymous |
| Food Coop(s) | Narcotics Anonymous |
| Cooperative Extension Service | Overeaters Anonymous |
| Council on Aging | Health department |
| Displaced Homemakers | Hospitals |
| Samaritans (suicide prevention) | School nurses |
| Rape Crisis center | EFNEP |
| Project Good Health | |

STATEWIDE

| | |
|---|----------------|
| AIDS Hotline | 1-800-342-AIDS |
| Alcohol Abuse Hotline | 1-800-ALCOHOL |
| Auto Safety (recalls) | 1-800-424-9393 |
| Burn Registry | 1-800-682-9229 |
| Cancer Information Hotline | 1-800-4-CANCER |
| Car Seats | 1-800-CAR-SAFE |
| Child Abuse & Neglect Hotline | 1-800-792-5200 |
| Child Passenger Safety Resource Center | 1-800-CAR-SAFE |
| Cocaine 24-Hour Hotline | 1-800-COCAINE |
| DDS (Disability Determination) | 1-800-462-5015 |
| DES Hotline | 1-800-4-CANCER |
| Elder Abuse Hotline | 1-800-922-2275 |
| Food Stamps Information | 1-800-645-8333 |
| Health Care Quality (information) | 1-800-462-5531 |
| (complaints) | 1-800-462-5540 |
| Healthy Start | 1-800-531-BABY |
| Lead Paint Hotline | 1-800-532-9571 |
| National Runaway Switchboard | 1-800-621-4000 |
| Nutrition Hotline | 1-800-322-7203 |
| Parental Stress Hotline | 1-800-632-8188 |
| Parents Anonymous (parent support groups) | 1-800-882-1250 |
| Poison Information Hotline | 1-800-682-9211 |

(continued)

STATEWIDE

| | |
|---|----------------|
| Pregnancy/Environmental Hotline | 1-800-322-5014 |
| Product Safety | 1-800-638-2772 |
| Services for Handicapped Children | 1-800-882-1435 |
| Smokers Quit Line | 1-800-952-7444 |
| | 1-800-4-CANCER |
| Statewide Childhood Injury Prevention (SCIPP) | 1-800-227-7233 |
| VD Hotline | 1-800-227-8922 |
| Welfare Hotline | 1-800-841-2900 |

ISSUING VOUCHERS TO NEW PARTICIPANTS

NEW PARTICIPANTS ARE ENTITLED TO RECEIVE FOOD VOUCHERS ON THE SAME DAY THAT YOU COMPLETE THEIR CERTIFICATION FOR THE WIC PROGRAM.

SET UP YOUR CERTIFICATION PROCEDURES SO YOU CAN PROVIDE VOUCHERS TO A NEW PARTICIPANT IMMEDIATELY AFTER YOU HAVE COMPLETED HER/HIS CERTIFICATION.

Make sure the certification is complete before issuing vouchers to a new participant.

If the determination of certification is not made until after the appointment, give the participant vouchers at the same time s/he is notified of certification.

Use manual vouchers for a new participant until the computer prints out her/his vouchers, using the information you input.

- o If you enroll a new participant before the month's deadline for computer input, the participant will usually receive computer-generated vouchers the next month.
- o If you enroll a new participant after the "cut-off" date for computer input, you will have to manually issue the following month's set of vouchers.

NOTE: If you enroll an infant in the month s/he turns 4 months old or after the computer cutoff date in the month s/he turns 3 months old, you must enter a food package for a 5 month old on the input form.

If you enroll an infant in the month s/he turns 11 months old or after the computer cutoff date in the month s/he turns 10 months old, you must enter a food package for a one year old on the input form.

THE COMPUTER WILL NOT AUTOMATICALLY UPDATE PACKAGES FOR THESE INFANTS.

ASSIGNING PARTICIPANT IDENTIFICATION NUMBERS

ASSIGN EACH WIC PARTICIPANT A UNIQUE SEVEN-DIGIT IDENTIFICATION NUMBER.

The WIC participant identification number you assign to a new participant must have seven digits. (The WIC computer adds an eighth digit to the end of your seven-digit number.)

Some possibilities for assigning identification numbers include:

- o If your program is in a health center, use the participant's medical record number
- o Start with the number 0000001 and continue sequentially
- o Start with the site code for the location where the participant picks up vouchers
- o Use the first five digits of the number to identify the family, and then the last two digits to identify the participant (for example, using the last two digits of 00 to identify a mother, 01 for the oldest child, 02 for the next, and so on)

The computer's participant masterfile will not accept two participant records with the same 7-digit identification number. Design a system to ensure that you are assigning a unique number to each new participant.

Keep a record of ID numbers and the participants assigned to them. Use your "Participant Listing in Participant I.D. Number Order" report to see which numbers are currently active or inactive in your participant masterfile. See the PARTICIPANT LISTING IN PARTICIPANT ID NUMBER ORDER section in the Voucher System Manual for more information on using this report.

Some methods for monitoring your distribution of identification numbers are:

- o Listing a number as you use it and writing next to it the name of the participant to whom you have given the number
- o Typing a list of identification numbers and crossing off a number as you use it
- o Typing identification numbers on labels and peeling them off sequentially to place on participant files

PREPARING AND DISTRIBUTING MANUAL VOUCHERS

1. ASSIGN EACH NEW PARTICIPANT A UNIQUE WIC IDENTIFICATION NUMBER.
2. RECORD RELEASE OF VOUCHERS FROM INVENTORY ON THE MANUAL VOUCHER LOG.
3. WRITE ON EACH VOUCHER:
 - a. Participant's identification number
 - b. participant's name
 - c. Local WIC program and site codes
 - d. Date that you are issuing the vouchers
4. ENTER THIS INFORMATION ONTO THE MANUAL VOUCHER COMPUTER INPUT FORM.
5. HAVE THE PARTICIPANT (OR AUTHORIZED REPRESENTATIVE) IMMEDIATELY SIGN THE LEFT SIDE OF THE VOUCHER WHERE IT SAYS "SIGNATURE".
6. STAMP THE VOUCHER WITH THE RED "MASS. WIC PROGRAM" VALIDATING STAMP IN THE BOX THAT SAYS "NOT VALID WITHOUT WIC PROGRAM STAMP".
7. HAVE THE PARTICIPANT OR AUTHORIZED REPRESENTATIVE SIGN THE MANUAL VOUCHER INPUT FORM AS A RECEIPT FOR THE VOUCHERS.
8. SEND THE ORIGINAL OF THE FORM TO THE STATE WIC OFFICE.
9. KEEP YOUR SIGNED COPY OF THE COMPUTER INPUT FORM AS A VOUCHER RECEIPT AND AS PART OF YOUR MANUAL VOUCHER REGISTER FOR SEVEN YEARS FROM THE END OF THE FISCAL YEAR TO WHICH IT PERTAINS.
10. RECORD DISTRIBUTION OF VOUCHERS ON THE MANUAL VOUCHER LOG.

NOTE: If the initial certification date and the voucher pick-up date are different, you may issue enough food vouchers to the participant at initial certification to last her/him until s/he is on a regular voucher schedule. See the COMBINING MANUAL VOUCHERS section of the Voucher System Manual for more information.

For detailed instructions on using manual vouchers, see the Voucher System Manual section of this Procedure Manual.

PARTICIPANT ID CARDS

ISSUE AN IDENTIFICATION CARD TO EACH PARTICIPANT OR HIS/HER AUTHORIZED PARENT/GUARDIAN AT THE TIME OF CERTIFICATION.

ASK TO SEE THE PARTICIPANT ID CARD AT EACH VOUCHER PICK-UP.

Identification cards ensure that only authorized individuals receive vouchers.

At the time of certification, issue an identification card to each participant or authorized guardian of a participant. This card contains the:

1. Local program name and address
2. Participant name and identification number
3. Signature of parent/guardian
4. Signature of proxy, if one is designated
5. Validation stamp with local program number
6. Staff initials, if a proxy is designated and authorization form is received by local program

** You may note the length of the certification period or the last month of vouchers on the card, and issue a new card with each repeat certification.


** You may use the back of the card any way you'd like (e.g., to create a family card, to list pick-up dates, etc.).

** The card remains valid as long as the cardholder is a certified participant in WIC or until either of the signators changes.

POSSESSION OF AN ID CARD ALONE DOES NOT ENTITLE A PARTICIPANT TO VOUCHERS. Use other standards to determine eligibility.

At the time of voucher pick-up, follow these steps:

1. Require participant or authorized representative to present card
2. Compare the signature on the card with the signature in the voucher register or on the manual voucher input form
3. If a proxy is picking up vouchers, follow procedures outlined in the PROXIES section of this Procedure Manual.
4. If you need to replace a lost or stolen ID card, ask to see some form of identification before issuing a new card.

| | | | |
|---|--|--------------------------------------|--|
|  | | MASSACHUSETTS WIC PROGRAM | |
| PARTICIPANT NAME | | ID # | |
| AUTHORIZED SIGNATURE | | | |
| PROXY SIGNATURE | | STAFF INIT. | |
| NOT VALID WITHOUT MASS. WIC STAMP | | | |

EXPLAINING WIC PROCEDURES

MAKE SURE ALL WIC PARTICIPANTS UNDERSTAND THE WIC PROGRAM AND HOW IT WORKS.

EXPLAIN TO ALL NEW PARTICIPANTS:

1. PARTICIPANT RIGHTS AND RESPONSIBILITIES
2. CERTIFICATION PERIODS
3. HOW TO USE WIC VOUCHERS
4. PROXIES
5. THE RIGHT TO A FAIR HEARING

Take the time to carefully explain the WIC Program and its operations to new participants. This greatly reduces confusion and complications later on.

Educating your participants about the WIC Program and its intentions is good protection against the possibility of abuse by WIC participants.

Use the "Welcome to WIC" filmstrip to explain WIC procedures during group certifications. This filmstrip explains how WIC works and discusses certification procedures, voucher redemption procedures, proxies, and fair hearings.

PARTICIPANT RIGHTS AND RESPONSIBILITIES

MAKE SURE THE PARTICIPANT OR PARENT/GUARDIAN SIGNS THE AFFIDAVIT LISTING "MY RIGHTS AS A WIC PARTICIPANT" AND "MY RESPONSIBILITIES AS A WIC PARTICIPANT" AT EACH CERTIFICATION APPOINTMENT.

HAVE THE PARTICIPANT OR PARENT/CARETAKER SIGN ON THE "SIGNATURE" LINE AT THE BOTTOM OF THE AFFIDAVIT.

SIGN YOUR FULL SIGNATURE AS THE "WITNESS", AND FILL IN THE DATE.

Review the affidavit of rights and responsibilities with the participant at every certification. Explain the affidavit and answer any questions the participant might have. If the participant cannot read, read the affidavit to her/him. Provide the information in the participant's primary language.

Fill in the month, day, and year on which the participant reviewed the affidavit, and put the participant's name and ID number at the top, if the affidavit is not on the back of an Income Eligibility Form with the participant's name and address.

Give each new participant a copy of the affidavit to take home, if possible.

LENGTH OF CERTIFICATION PERIOD

AT EACH WIC CERTIFICATION, EXPLAIN TO THE PARTICIPANT HOW LONG HER/HIS CERTIFICATION PERIOD WILL BE.

Make sure every WIC participant understands that s/he is on the WIC Program for a limited time period, and that when her/his certification period expires, s/he must schedule a repeat certification if s/he is interested in continuing on the WIC Program.

CERTIFICATION PERIODS

| | |
|--------------------------------|--|
| Women, pregnant: | For the duration of the pregnancy and up until six weeks postpartum |
| Women, breastfeeding: | For six months, and as long as the woman continues to breastfeed, up until one year postpartum |
| Women, postpartum non-nursing: | Up until six months postpartum |
| Infants: | For six months (unless your program uses the extended certification period for infants in which infants enrolled at four months of age or less are certified until they are 10 months old) |
| Children: | For six months, up until and including the month in which the child turns five |

USING WIC VOUCHERS

EXPLAIN THE VOUCHER REDEMPTION SYSTEM AND REVIEW THE WIC FOODS SPECIFIED ON BOTH THE FRONT AND BACK OF THE VOUCHERS.

DESCRIBE THE PARTICIPANT'S OPTIONS IN CHOOSING A VARIETY OF FOODS.

- MILK: any combination of sizes.
- EGGS: Grade A large eggs.
- JUICE: 100% fruit juice as listed on back of voucher.
- BEANS/PEAS OR PEANUT BUTTER: beans or peas or peanut butter.
- CEREAL: any kinds or sizes adding up to the amount specified on the front of the voucher.
- CHEESE: no cheese food, cheese product or cheese spread. Only domestic cheese, not imported.

EXPLAIN THAT THE PARTICIPANT MUST USE AN ENTIRE VOUCHER AT ONE TIME, BUT THAT S/HE NEED NOT USE ALL OF THE VOUCHERS AT ONCE.

HOW THE VOUCHERS WORK

Say to each new WIC participant:

1. "If you are unable to pick up vouchers in person, you can send a proxy. The proxy must sign the vouchers at WIC and at the store.
2. Make sure the WIC staff person stamps all the vouchers.
3. Use the vouchers starting on the issue date printed in the upper right-hand corner of the voucher. You have 30 days starting with this date to redeem all of the vouchers.
4. Use vouchers only at authorized stores (vendors). (Give the participant a list of WIC vendors.)
5. Buy **ONLY** the foods specified on the vouchers. These foods are chosen for their specific nutritional value, so substituting other foods is not allowed.

6. Do not countersign your vouchers before you get to the store. The store will not accept vouchers already countersigned.
7. The store may not require you to show identification when using your WIC vouchers.
8. The store may not require you to buy everything on the voucher, or to purchase specific brands or types of foods. The store must have WIC foods in stock, and the foods must be fresh.
9. At the cashier, separate your WIC foods from your non-WIC foods, and sort the WIC foods by voucher. The cashier will add up the foods listed on each voucher and must write the actual price of the foods on the voucher.
10. NEVER SIGN THE VOUCHER UNTIL THE CASHIER WRITES THE CORRECT PRICE IN INK. Check the price!
11. If the WIC vendor discriminates against you in any way, notify us immediately.
12. Tell us about any problem you have with WIC vendors."

PROXIES

PARTICIPANTS AND AUTHORIZED PARENTS/GUARDIANS MAY DESIGNATE SOMEONE TO PICK UP VOUCHERS IN SITUATIONS WHEN THEY ARE UNABLE TO DO SO. THIS PERSON IS CALLED A PROXY.

TO AUTHORIZE A PROXY, HAVE THE PROXY AND THE PARTICIPANT OR AUTHORIZED PARENT/GUARDIAN SIGN AND DATE A PROXY AUTHORIZATION FORM.

FILE THE AUTHORIZATION FORM IN THE PARTICIPANT RECORD.

THE PROXY MUST PRESENT THE PARTICIPANT ID CARD WHEN PICKING UP VOUCHERS.

See the Originals Packet for a copy of the Proxy Authorization Form.

DESIGNATING PROXIES

During the initial certification appointment, ask the participant/parent if s/he wishes to designate a proxy (husband, wife, grandparent, caretaker, neighbor, etc.) to pick up vouchers. If s/he does,

1. Give her/him a proxy authorization form and explain how to fill it out.
2. Inform her/him that the proxy must sign the ID card and present it whenever s/he picks up vouchers.

NOTE: if both parents attend the certification appointment, both may read and sign the Affidavit of Rights and Responsibilities and the ID card. Both should sign on the "authorized signature" line. Both are then authorized to pick up vouchers.

AT VOUCHER PICK-UP

1. Ask the proxy for the completed proxy authorization form and file it in the participant's record.
2. Ask to see the participant ID card.
3. Verify receipt of proxy authorization form by initialling the box on the ID card.

4. Compare the proxy signature on the ID card with the signature in the voucher register or on the manual voucher input form.
5. Verify that the proxy knows how to use vouchers.

At each repeat certification, review the proxy designation with the participant. If the proxy remains the same, note this on the proxy authorization form on file. If the proxy assignment changes, collect the old ID card and issue a new card and new authorization form.

OCCASIONAL OR ONE-TIME PROXIES

Explain to participants that if they have not designated a proxy but wish to send an occasional or one-time proxy, they must:

1. Send a dated, signed note of authorization with the proxy
2. Send their participant ID card with the proxy (but do not have her/him sign it)

When the proxy arrives to pick up the vouchers,

3. Compare the signature on the participant's note with the signature on the ID card
4. Explain to the proxy how to use the vouchers
5. Have the proxy sign the note
6. File the note in the participant record

THE RIGHT TO A FAIR HEARING

NOTIFY ALL PARTICIPANTS THAT THEY HAVE THE RIGHT TO CONTEST ANY WIC DECISION WHICH DENIES THEM PARTICIPATION IN THE WIC PROGRAM.

TO CONTEST A DECISION, A PARTICIPANT MAY REQUEST A FAIR HEARING.

KEEP FAIR HEARING PAMPHLETS AND REQUEST FORMS VISIBLE AND READILY AVAILABLE TO WIC PARTICIPANTS.

APPLYING FOR A FAIR HEARING

Applicants or participants may request a fair hearing verbally or in writing, from the local WIC program or from the state WIC office.

If an applicant or participant thinks s/he may want to apply for a fair hearing, give her/him a copy of the explanatory pamphlet, "WHAT IS A WIC FAIR HEARING?"

If the applicant or participant wishes to request a fair hearing, s/he may either:

- complete a "REQUEST FOR A FAIR HEARING" form and mail it to the state WIC office within 90 days after s/he was notified of the decision s/he wishes to appeal. (Offer to help her/him complete this form.)

OR

- request a fair hearing directly from the state WIC office at 1-800-WIC-1007.

See the FAIR HEARINGS section of this Procedure Manual for information on the format of the hearing, notification deadlines, and continuation of benefits pending the hearing.

MONTHLY VOUCHER DISTRIBUTION

EVERY MONTH, DISTRIBUTE VOUCHERS TO ALL YOUR WIC PARTICIPANTS.

The computer prints vouchers with an assigned voucher issue date according to the information you enter into the computer after you first certify the participant.

Distribute the vouchers on or as close as possible to the issue date printed on the vouchers. This gives your participants the maximum amount of time to purchase and use their food during the month.

Many WIC programs use the monthly voucher pick-ups for more than just voucher distribution. Some possibilities include:

- o Providing secondary nutrition contacts, either individually or in groups
- o Handing out nutrition education materials and newsletters
- o Notifying participants of changes in program policies
- o Updating the participant's address and telephone number
- o Weighing and measuring infants and pregnant women
- o Distributing and collecting the Nutrition Education Survey
- o Distributing and collecting the Participant Shopping Survey

MEMORANDUM

TO : [illegible]
FROM : [illegible]
SUBJECT : [illegible]

[illegible text block]

[illegible text block]

[illegible text block]

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ASSIGNING PICK-UP DAYS

ASSIGN ONLY THE 1st THROUGH THE 27th OF THE MONTH AS PICK-UP DATES.

There are many different ways to assign voucher pick up days to WIC participants. Choose one that best fits into your program procedures. Some possibilities are:

- o Assigning pick-up dates by the date of a participant's initial certification.

For example, if a participant were certified on the 7th, her/his pick-up date would be the 7th of each month.

- o Assigning pick-up dates alphabetically, using the first letter of the last name of the participant or primary caretaker.

Decide ahead of time whose name to use as a standard so that family members with different last names will not have different pick-up dates.

- o Assigning all participants to one of a few selected pick-up dates.

For example, if you are at a certain site every Wednesday, assign the participants at that site to one of four pick-ups a week apart (the 1st, 8th, 15th or 22nd).

Use the Participant Report to monitor the distribution of your pick-up dates so that you do not have too many participants coming in at the same time.

Make sure that different members of the same family or neighbors who share transportation are able to come in together.

SCHEDULING VOUCHER PICK-UPS

ARRANGE YOUR VOUCHER PICK-UPS TO BEST SUIT THE NEEDS OF YOUR PROGRAM.

SCHEDULE VOUCHER PICK-UPS SO THAT PARTICIPANTS CAN PICK UP THEIR VOUCHERS AS CLOSE AS POSSIBLE TO THE ISSUE DATE ON THEIR VOUCHERS.

There are many options for scheduling voucher distribution appointments.

- o Some programs schedule individual time- and day-specific appointments.
- o Some programs give participants a range of times in which they can come in for vouchers.
- o Some programs distribute vouchers to participants in groups.
- o Some programs choose not to give out voucher appointments at all, but let their participants know their pick-up day and when the local WIC office is open for voucher distribution.
- o Some programs arrange voucher appointments so that each monthly voucher pick-up is also an organized nutrition education session.

PRO-RATING

Explain to participants the importance of picking up their WIC vouchers on time in order to get the maximum nutritional benefits, and advise them that late pick-ups may result in a partial package being issued. See the PRO-RATING section of this Procedure Manual.

Establish procedures for advising and warning participants about late voucher pick-ups. Only distribute such vouchers as can be reasonably utilized by the participant.

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ISSUING COMPUTER-GENERATED VOUCHERS

MAKE SURE YOU HAVE ALL OF THE VOUCHERS FOR THE PARTICIPANT, AND THAT THE COMPUTER PRODUCED THE CORRECT VOUCHERS.

WHEN ISSUING THE VOUCHERS:

1. HAVE THE PARTICIPANT OR PROXY SIGN THE VOUCHERS IN THE SPACE MARKED "SIGN AT WIC PROGRAM".
2. VALIDATE THE VOUCHERS WITH THE RED "MASS. WIC PROGRAM" STAMP IN THE BOX MARKED "NOT VALID WITHOUT MASS. WIC PROGRAM STAMP".
3. HAVE THE PARTICIPANT (OR PROXY) SIGN THE VOUCHER REGISTER FOR EACH SET OF VOUCHERS.
4. IMMEDIATELY WRITE YOUR INITIALS AND THE DATE NEXT TO THE PARTICIPANT'S SIGNATURE(S) IN THE VOUCHER REGISTER.

EVEN IF YOU HAVE RETURNED THE COMPUTER-GENERATED VOUCHERS TO THE STATE WIC OFFICE, A WIC PARTICIPANT IS ENTITLED TO RECEIVE VOUCHERS UP UNTIL 30 DAYS FROM THE VOUCHER ISSUE DATE.

If a participant is entitled to receive her/his vouchers and you have returned the computer-issued vouchers as undistributed vouchers in the belief that they would not be used, issue the participant manual vouchers with the same issue date as the original vouchers. See the PRO-RATING section of this Procedure Manual.

If for some reason you issue both manual and computer-issued vouchers (for example, the participant requests a package change which necessitates changing only a few of the vouchers), remember to have the participant sign both the Manual Voucher Input Form and the Voucher Register.

For more information on distributing computer-generated vouchers, see the Voucher System Manual section of this Procedure Manual.

PRO-RATING

PRORATING IS THE DEDUCTION OF VOUCHERS FROM THE FOOD PACKAGE OF A PARTICIPANT WHO IS LATE IN PICKING UP VOUCHERS.

NOTIFY NEW PARTICIPANTS THAT LATE VOUCHER PICKUP MAY RESULT IN THE FOOD PACKAGE BEING PRORATED.

PRO-RATING ENCOURAGES TIMELY PICK-UP OF VOUCHERS AND FACILITATES OPTIMAL UTILIZATION OF WIC FOODS.

When pro-rating vouchers, determine whether:

1. there is good and sufficient cause for the late pick-up
2. the participant can reasonably utilize the full amount of WIC foods,
and
3. pro-rating would create a hardship for the participant.

PRO-RATING SCHEDULE

The general rule for pro-rating is:

- o 2 weeks from voucher pick-up date, void one voucher
- o 3 weeks from voucher pick-up date, void two vouchers
- o 4 weeks from voucher pick-up date, void three vouchers

See the following charts for details.

RETURNING PRO-RATED VOUCHERS

- o Void the unused vouchers.
- o Circle the corresponding serial numbers on the voucher register and write "VP" next to them
- o Return the vouchers to the state office promptly.

Massachusetts WIC Program

PRO-RATING TABLE

| # OF VOUCHERS IN FOOD PACKAGE | AFTER 2 WEEKS, VOID: | AFTER 3 WEEKS, VOID: | AFTER 4 WEEKS, VOID: |
|----------------------------------|-------------------------|-------------------------|-------------------------|
| 1 | - | - | - |
| 2 | - | - | last voucher |
| 3 | - | last voucher | last 2 vouchers |
| 4 | last voucher | last 2 vouchers | last 3 vouchers |
| 5 | last voucher | last 2 vouchers | last 3 vouchers |
| 6 | last voucher | last 2 vouchers | last 3 vouchers |
| 8 | last voucher | last 2 vouchers | last 3 vouchers |
| 9 | last voucher | last 2 vouchers | last 3 vouchers |
| 10 | last voucher | last 2 vouchers | last 3 vouchers |

MAILING VOUCHERS

MAIL VOUCHERS ONLY WHEN A HARDSHIP SITUATION PREVENTS THE PARTICIPANT OR PROXY FROM PICKING UP THE VOUCHERS IN PERSON AND ALTERNATE METHODS OF DISTRIBUTION CANNOT BE USED.

THOROUGHLY DOCUMENT THE MAILING OF VOUCHERS IN THE PARTICIPANT RECORD AND VOUCHER REGISTER.

MAILING VOUCHERS

Mail vouchers to participants ONLY when the following hardship situations prevent them or their proxies from picking up the vouchers in person during regular or extended office hours:

- physical handicaps
- transportation problems
- illness or temporary incapacitation
- inclement weather
- other hardship.

You must have authorization from the local WIC program director before you mail vouchers to an individual. For group mailings, you must have approval from the State WIC Director.

Follow these procedures to ensure that vouchers are secure and are handled correctly by the participant:

1. Write "DO NOT FORWARD IF NOT AT THIS ADDRESS" on the envelope.
2. Include the "MAILED VOUCHERS LETTER" with the vouchers. This letter must be signed by the participant/proxy and returned to you. It is included in your Originals Packet.
3. Enclose a stamped envelope addressed to your WIC program.
4. Do not mail more vouchers until you receive the signed letter.

Certified mail is not normally recommended but you may use it at your discretion on a case-by-case basis.

DOCUMENTING MAILED VOUCHERS

Document the mailed vouchers in the voucher register and in the participant record as follows:

In the voucher register

- * On the signature line, write "VOUCHERS MAILED". Write the date and your initials.

In the participant record

- * Note that the vouchers were mailed. Include the date, the reason, and your initials.
- * Place the returned "MAILED VOUCHERS LETTER" with the participant/proxy signature in the participant record OR attach it to the corresponding page in the voucher register.

Record the number of participants receiving mailed vouchers on the monthly service delivery report.

You may wish to keep a list by site of voucher receipts returned, to simplify keeping track of participants eligible for voucher mailing the following month.

NUTRITION EDUCATION

In most cases the mailing of vouchers should not continue past three months. If circumstances require that it should (as in the case of a handicapped participant), determine a method of providing nutrition education and document the contact in the participant record.

REPEAT CERTIFICATIONS

EACH MONTH, IDENTIFY PARTICIPANTS WHOSE CERTIFICATION PERIOD IS ABOUT TO EXPIRE.

NOTIFY EACH PARTICIPANT IN WRITING AT LEAST 15 DAYS BEFORE HER/HIS CERTIFICATION PERIOD EXPIRES.

SCHEDULE A REPEAT CERTIFICATION APPOINTMENT IF THE PARTICIPANT WANTS TO CONTINUE RECEIVING WIC BENEFITS.

TO BE RECERTIFIED FOR WIC, A PARTICIPANT MUST MEET THE SAME ELIGIBILITY REQUIREMENTS AS FOR INITIAL CERTIFICATION: CATEGORICAL, GEOGRAPHICAL, INCOME, AND NUTRITIONAL RISK.

A repeat certification is functionally like an initial certification -- it is an opportunity for you to determine whether a person is eligible to participate in the WIC Program.

At least 15 days before the end of a participant's certification period, send the participant the "END OF CERTIFICATION PERIOD LETTER" to notify her/him that the certification period is almost over and that s/he must be certified again in order to continue on the WIC Program. See the END OF CERTIFICATION PERIOD section of this Procedure Manual for more information.

If you require Medical Referral Forms at recertifications, give or mail the appropriate form ("Medical Referral Form" or "or Repeat Certification of Infants and Children" form to the participant with the "END OF CERTIFICATION PERIOD LETTER".

IDENTIFYING PARTICIPANTS DUE FOR REPEAT CERTIFICATION

ESTABLISH A SYSTEM TO IDENTIFY PARTICIPANTS WHOSE CERTIFICATION PERIOD IS ABOUT TO EXPIRE SO THAT YOU CAN PROVIDE TIMELY NOTIFICATION AND SCHEDULE A REPEAT CERTIFICATION APPOINTMENT.

There are two basis systems used to identify participants due for recertification: computer-generated reports and records of participant certification history.

COMPUTER REPORTS FLAGGING PARTICIPANTS DUE FOR RECERTIFICATION NEXT MONTH

- Voucher Register - flagged with a "1" to the left of the participant's name
- Participant Report - flagged with "RECERT NEXT MONTH" to the left of the participant's name
- Due for Recert Next Month (Reports 1A, 1B) - lists all participants due for recertification next month based on certification and recertification dates.

RECORDS OF PARTICIPANT CERTIFICATION HISTORY

- Certification form - notes most recent certification date
- Flowsheet in participant's record - may note date of most recent certification, month certification period expires, voucher pick-up history
- Voucher pick-up card (separate from participant's record) - may note date of most recent certification, month certification period expires, voucher pick-up history.
- WIC ID card/appointment card - may note most recent certification date, month certification period expires.

In order to ensure identification of each participant whose certification period is about to expire, it is recommended that you check some record of each participant's certification history (other than computer reports) each month prior to giving her/him vouchers.

SCHEDULING REPEAT CERTIFICATIONS

OFFER THE PARTICIPANT A REPEAT CERTIFICATION APPOINTMENT IN THE MONTH FOLLOWING THE MONTH HER/HIS CERTIFICATION PERIOD EXPIRES.

SET UP AN APPOINTMENT SYSTEM FOR REPEAT CERTIFICATIONS THAT BEST MEETS YOUR STAFFING PATTERN AND CAPABILITIES.

If possible, schedule a participant's repeat certification appointment as close as possible to her/his regular voucher pick-up date in order to avoid interruption of benefits if the participant is still eligible to continue on WIC.

Have the participant help select an appointment time that is convenient for her/him.

There are several types of repeat certification appointments:

- o Group sessions, with participants selected by risk factor or WIC status (for example: WIC infants, overweight children).
- o Group nutrition education sessions supplemented by individual counseling sessions (for example: breastfeeding for new mothers, feeding finicky eaters).
- o Individual counseling and recertification sessions.

THE REPEAT CERTIFICATION APPOINTMENT

AT THE REPEAT CERTIFICATION APPOINTMENT:

1. DETERMINE THAT THE PARTICIPANT IS STILL CATEGORICALLY ELIGIBLE
2. VERIFY AND DOCUMENT THE PARTICIPANT'S GEOGRAPHIC AND INCOME ELIGIBILITY
3. COMPLETE A NUTRITION ASSESSMENT FOR THE PARTICIPANT AND DETERMINE WHETHER THE S/HE IS AT NUTRITIONAL RISK AND IN A PRIORITY SERVED BY YOUR PROGRAM.

** IF THE PARTICIPANT IS ELIGIBLE AND IN A PRIORITY YOU CURRENTLY SERVE:

1. Certify her/him for the duration of another certification period.
Verify and document her/his address and telephone number.
2. Review the affidavit of participant rights and responsibilities with her/him.
3. Give the participant vouchers.
4. Arrange subsequent voucher appointment(s).

** IF THE PARTICIPANT IS NO LONGER ELIGIBLE OR IN A PRIORITY YOU DO NOT CURRENTLY SERVE:

1. Explain the reason to the participant very clearly.
2. Give her/him a "NO LONGER ELIGIBLE LETTER" stating the reason for her/his ineligibility.

See the INELIGIBILITY AT REPEAT CERTIFICATION section of this Procedure Manual.
3. Do not give the participant any vouchers; her/his certification period has expired.
4. Advise her/him of the right to appeal the decision by requesting a fair hearing.
5. Explain that s/he may reapply.

6. If s/he is in a priority you do not currently serve, ask if s/he would like to be put on your waiting list. If so, give her/him a "WAITING LIST NOTIFICATION LETTER" and file her/his completed Medical Referral Form with your waiting list or keep a record of her/his name, address, phone number, date of birth, status (W1, W2, W3, I, C), and priority with your waiting list.

See the following sections of this Procedure Manual: WAITING LIST STATUS and APPLICATIONS WITH A WAITING LIST.

7. Follow appropriate termination procedures. Document in the chart that you distributed the "END OF CERTIFICATION PERIOD LETTER" and the "NO LONGER ELIGIBLE LETTER", and, if appropriate, the "WAITING LIST NOTIFICATION LETTER".

See the TERMINATIONS section of this Procedure Manual.

IDENTIFYING PARTICIPANTS INELIGIBLE TO RECEIVE VOUCHERS
UNLESS/UNTIL RECERTIFIED

ESTABLISH A SYSTEM TO ENSURE THAT PARTICIPANTS WHO HAVE NOT BEEN RECERTIFIED DO NOT CONTINUE TO RECEIVE VOUCHERS AFTER THEIR CERTIFICATION PERIOD HAS EXPIRED.

The computer produces vouchers for a participant for 2 months after the end of the six-month certification period.

- the seventh month of vouchers becomes the first month of vouchers in a new certification period if the participant is recertified
- The 8th month of vouchers is produced in case the participant fails to get recertified in the 7th month, or the input for the 7th month recertification is not correctly submitted, or recertification is done after input cutoff in the 7th month.

A participant is not eligible for either of these sets of vouchers unless s/he has been recertified.

In order to avoid giving vouchers to a participant whose certification period has expired and who has not been recertified, it is recommended that you check some record of each participant's certification history (other than computer reports) each month prior to giving her/him vouchers.

REASONS FOR OVERDUE RECERTIFICATION

Participants are identified as being overdue for recertification this month for the following reasons:

- recertification data was not submitted/accepted last month
- recertification data was submitted after cutoff last month
- recertification has not occurred

There are two basic ways to identify participants who are overdue for recertification and thus ineligible to receive vouchers: using computer-generated reports, and using records of the participant's certification history.

COMPUTER REPORTS SHOWING PARTICIPANTS NOT ELIGIBLE TO RECEIVE VOUCHERS UNLESS/
UNTIL RECERTIFIED

- Voucher Register - flagged with a code to the left of the participant's name
 - "2" Participant due for recertification this month, not eligible for vouchers until recertified
 - "3" Participant was due for recertification last month, not eligible for vouchers unless/until recertified
- Participant Report - flagged with message to the left of the participant's name
 - "RECERT THIS MONTH" - participant due for recertification this month, not eligible for vouchers until recertified
 - "RECERT OVERDUE" - participant was due for recertification last month, not eligible for vouchers unless/until recertified
- Due for Recert This Month (Reports 2A, 2B) - lists all participants due for recertification this month; none are eligible for vouchers until recertified.
- 1 Month Overdue for Recert (Reports 3A, 3B) - lists all participants who were due for recertification last month; none are eligible for vouchers unless/until recertified.

RECORDS OF PARTICIPANT CERTIFICATION HISTORY

- Certification form - notes most recent certification date
- Flowsheet in participant's record - may note date of most recent certification, month certification period expires, voucher pick-up history, scheduled appointments, no-shows
- WIC ID card/appointment card - may note most recent certification date, month certification period expires, scheduled appointments

Participants who have been identified in computer reports as being overdue for recertification this month will be automatically terminated next month. Each month before input cutoff, investigate the status of each of these participants and:

- o resubmit certification data for participants recertified before input cutoff last month and enter "R" in the Termination Code box on the Participant Input Form
- o Terminate participants who have not been recertified according to your missed appointment policy.

MISSED APPOINTMENTS

DEVELOP AND USE A STANDARD PROCEDURE FOR FOLLOWING UP ON MISSED APPOINTMENTS.

See the following sections for guidance on missed certification/recertification and voucher pick-up appointments.

MISSED CERTIFICATION/RECERTIFICATION APPOINTMENTS

DEVELOP A POLICY FOR YOUR PROGRAM REGARDING MISSED CERTIFICATION AND RECERTIFICATION APPOINTMENTS, AND FOLLOW STANDARD PROCEDURE FOR NOTIFICATION OF TERMINATION.

MAKE SPECIAL EFFORTS TO HELP HIGH-RISK WOMEN AND INFANTS RESCHEDULE AND KEEP THEIR CERTIFICATION AND RECERTIFICATION APPOINTMENTS.

NO-SHOW POLICY

Develop a policy for your program regarding no-shows. Some options are:

- o After the first missed appointment, mail a letter stating that the participant has ____ days or until (date) in which to reschedule or to keep an appointment. The actual number of appointments scheduled for the participant is of no consequence, as long as the participant has rescheduled or is seen by the deadline.
- o Limit participants to either one, two or three missed appointments. After the limit is reached, file the records of those applying for an initial certification, and terminate those participants who were not recertified after the end of their certification period.
- o After the first missed appointment, automatically mail out a letter with a new appointment date.

REDUCING NO-SHOWS

Some ways to reduce no-shows are:

- Let the applicant or participant choose a convenient appointment time.
- Make reminder phone calls to high-risk individuals before their appointments.
- Mail reminder cards or letters to high-risk individuals.
- Prominently indicate the "due for recertification" month on the participant's ID/appointment card.
- Include a statement on the "End of Certification Period Letter" warning the participant that unless a recertification appointment is completed by (date), s/he must reapply.

NOTIFICATION OF TERMINATION

The "END OF CERTIFICATION PERIOD LETTER" serves as notification of termination for participants who do not keep a repeat certification appointment. Document distribution of this letter in the participant's record.

Regardless of your program's missed appointment policy, follow the standard termination procedures as outlined in the TERMINATION PROCEDURES section of this Procedure Manual.

MISSED VOUCHER PICK-UP

IF PARTICIPANTS DO NOT PICK UP THEIR VOUCHERS, NOTIFY THEM IN WRITING THAT THEY WILL BE TERMINATED IF THEY DO NOT PICK UP THEIR VOUCHERS FOR TWO CONSECUTIVE MONTHS.

NOTIFY PARTICIPANTS OF POSSIBLE TERMINATION AT LEAST 15 DAYS BEFORE THE SECOND SET OF MISSED VOUCHERS EXPIRES.

TERMINATE PARTICIPANTS WHO DO NOT PICK UP THEIR VOUCHERS FOR TWO CONSECUTIVE MONTHS.

RESCHEDULING MISSED APPOINTMENTS

Use the same procedure for rescheduling a missed voucher appointment as the one used to schedule the initial voucher pick-up. See the SCHEDULING VOUCHER PICK-UPS section in this Procedure Manual.

When rescheduling missed voucher pick-ups, try to have participants pick up their vouchers as close as possible to the voucher issuance date printed on the vouchers.

TERMINATION DUE TO MISSED VOUCHER PICK-UP

1. Mail the "MISSED VOUCHERS LETTER" after the first set of vouchers is not picked up as a reminder/warning and a notification of termination. Use the date the second set of vouchers expires as the possible termination date. No additional letter need be sent if the second set of vouchers is not picked up.

See the TERMINATION DURING THE CERTIFICATION PERIOD section of this Procedure Manual.

2. Implement a system for following up on participants who receive a "MISSED VOUCHERS LETTER", to ensure that those who miss the subsequent voucher pick-up are terminated. For example:
 - o As you write "MISSED VOUCHERS LETTERS", note participants' names under their possible termination dates on a calendar or in an appointment book. Review the calendar daily and terminate participants who have not picked up their second set of vouchers.
 - o Keep an alphabetical listing of participants who miss voucher pick-up each month. Compare each month's list to the previous month's list to identify names appearing on both, and terminate these participants.

SERVICES TO SPECIAL NEEDS POPULATIONS

IDENTIFY AND PROVIDE SERVICES TO THE SPECIAL NEEDS POPULATIONS IN YOUR CATCHMENT AREA.

IDENTIFYING HIGH-RISK POPULATIONS

You are responsible for effectively assessing who your high risk populations are, where they are located in your catchment area, and how they can be targeted through WIC referral/outreach efforts.

Use the following data to determine high risk groups in your catchment area:

- 1980 Census data
- Local demographic statistics (e.g. City Hall, local health centers or hospitals)
- School Board statistics
- Department of Public Health statistics

See the following sections for more information on:

- o Native Americans and Migrants
- o Homeless Persons
- o Non-English Speaking Persons
- o Racial/Ethnic Minorities

NATIVE AMERICANS AND MIGRANTS

MAKE A SPECIAL EFFORT TO SERVE NATIVE AMERICANS AND MIGRANTS IN YOUR CATCHMENT AREA.

NOTIFY MEMBERS OF MIGRANT FARMWORKER HOUSEHOLDS OF THEIR ELIGIBILITY OR INELIGIBILITY WITHIN 10 DAYS OF THE DATE OF THEIR FIRST INQUIRY.

Maintain contact with the organizations in your communities that provide services to migrant agricultural workers and to Native Americans.

Use organizations such as the Indian Council and farmworkers' unions as sources of referrals for your program.

Make sure that these organizations have information about the WIC Program and understand the eligibility requirements.

Enroll eligible members of migrant farmworker households within 10 days of their application to WIC if the household may leave your catchment area soon. Provide these participants with a completed Verification of Certification form immediately to prevent disruption of benefits when they move on, perhaps without opportunity to notify you.

A migrant participant's income eligibility is valid for 12 months. When recertifying a migrant participant, check her/his VOC card for the date her/his income eligibility was last determined.

HOMELESS PERSONS

MAKE EVERY EFFORT TO ENSURE ACCESSIBILITY OF WIC SERVICES TO HOMELESS WOMEN, INFANTS AND CHILDREN WHO MEET WIC ELIGIBILITY CRITERIA.

Homeless families and individuals include anyone residing in a vehicle, park, hallway, doorstep, sidewalk, abandoned building, temporary shelter, hotel or motel. Consider these persons as high-risk for WIC services.

Homeless women and children may have compromised health and nutrition status as well as high levels of anxiety and stress. Display special sensitivity when gathering application and certification information.

CERTIFICATION PROCEDURES

Make every effort to certify the homeless applicant immediately. Modify the certification procedure as follows:

1. If the applicant does not have a permanent address, use the address of a frequently-used shelter, a relative or friend, or the WIC program. A mailing address is required for processing input and voucher issuance.
2. If the applicant has income but no written verification, write "self-declaration" on the documentation line of the income form.
3. If health care is not accessible to the applicant, do blood tests and measurements in the WIC office. Have your nutritionist complete the Medical Referral Form, or refer the applicant to your agency's health care provider. Refer the applicant to a local health care provider if s/he is covered by health insurance.
4. If the applicant does not have storage facilities for WIC foods:
 - a) Tailor the food package to:
 - offer larger amounts of less perishable foods and smaller amounts of more perishable foods
 - offer canned evaporated milk and/or dry milk powder
 - offer ready-to-feed formula

- b) Offer specific education concerning use and storage of foods:
- discuss spreading out redemption of vouchers over the 4-week period
 - offer food storage and sanitation information when applicable

REFERRALS

Refer homeless applicants and participants to all appropriate health and human service agencies within your area, such as:

- | | |
|---|--|
| * local Welfare/AFDC client assistance services | 617-292-8900 Boston 1-800-841-2900 statewide |
| * Food Stamps Hotline (Project Bread) | 1-800-645-8333 |
| * Mass Law Reform (legal services) | 617-742-7250 |
| * food pantries/meal programs | Call Project Bread Hunger Hotline (617-523-0710) for listing |
| * local shelters | Call your local City Hall for locations |

Make referral calls on behalf of the homeless applicant to food and shelter resources, and offer supermarket gift certificates if appropriate and available.

OUTREACH

Contact and distribute outreach materials to local agencies offering services to homeless families and individuals.

RACIAL/ETHNIC MINORITIES

MAKE EVERY EFFORT TO ENSURE ACCESSIBILITY OF WIC SERVICES TO RACIAL/
ETHNIC MINORITIES WHO MEET WIC ELIGIBILITY CRITERIA.

Maintain contact with health providers and social service agencies who provide services to racial and ethnic minorities. Make sure they have information about the WIC program and understand the eligibility requirements.

Also maintain contact with agencies and organizations that assist refugees and immigrants in the resettlement process. These organizations include:

- o International Institutes
- o Mutual Assistance Associations (MAA)
- o Massachusetts Office of Refugees and Immigrants
- o churches serving these populations.

DETERMINING RACIAL/ETHNIC BACKGROUND

Federal regulations require that you designate, for reporting purposes, the racial/ethnic background of each participant as one of the following:

- A. White, not of Hispanic Origin
- B. Black, not of Hispanic Origin
- C. Hispanic
- D. American Indian or Alaskan Native
- E. Asian or Pacific Islander

Determine a participant's racial/ethnic background by either:

- asking the participant to classify herself
- making the determination based on surname or appearance.

Enter this information on the Participant Input Form.

NON-ENGLISH SPEAKING PERSONS

ADAPT YOUR PROGRAM'S PROCEDURES TO ENABLE YOU TO PROVIDE WIC SERVICES TO APPLICANTS AND PARTICIPANTS WHO DO NOT SPEAK ENGLISH.

IDEALLY, INTERPRETERS SHOULD BE BICULTURAL AS WELL AS BILINGUAL.

YOU CANNOT REQUIRE PARTICIPANTS TO BRING THEIR OWN INTERPRETERS.

Civil rights regulations prohibit discrimination in any program activity based on national origin. Therefore, participants cannot be required to bring a translator to the WIC program.

If the population in your catchment area is multilingual, your staff should be multilingual as well.

If you cannot find staff who speak the language(s) of your participants, use interpreters. There are many ways you can provide your participants with translators:

- o Use the interpreters that are available in your host agency.
- o Use interpreters from other community service agencies.
- o Use bilingual students from local schools to help you translate.
- o Schedule appointments in such a way that bilingual participants can help non-English speaking applicants and participants.
- o If all else fails, ask the participants to bring an English-speaking relative or friend (not their child) with them to translate.

The state WIC office has a wide variety of nutrition education and WIC materials in the following languages: Spanish, Portuguese, French, Chinese, Vietnamese, Cambodian, and Laotian. If you develop your own materials, translate them into the languages you need.

PARTICIPANT VIOLATIONS OF THE WIC PROGRAM

YOU MAY DISQUALIFY A WIC PARTICIPANT IF YOU PROVE THAT S/HE IS IN VIOLATION OF WIC PROGRAM RULES AND REGULATIONS.

There are three categories of abuse under which a participant may be disqualified from the WIC Program. They are:

1. Administrative Abuse This includes:

- o knowingly and deliberately misrepresenting medical or income data in order to obtain WIC benefits

2. Voucher System Abuse This includes:

- o participating in more than one WIC Program or WIC program site simultaneously ("dual participation")
- o selling supplemental foods or food vouchers, or exchanging foods or food vouchers, with other individuals or vendors
- o receiving cash or credit from WIC vendors toward purchase of unauthorized food or other items in exchange for supplemental food or food vouchers
- o stealing WIC vouchers
- o alleging that WIC vouchers were stolen or lost in order to receive two sets of vouchers.

3. Verbal/Physical Abuse This includes:

- o verbally or physically threatening local WIC program staff or WIC vendors.

DOCUMENTING ABUSE

DOCUMENT ANY INFORMATION PROVING THAT A WIC PARTICIPANT IS IN VIOLATION OF THE WIC PROGRAM BEFORE YOU TAKE ANY ACTION AGAINST HER/HIM.

KEEP CONFIDENTIAL THE NAMES OF PERSONS SUBMITTING COMPLAINTS OF PARTICIPANT ABUSE.

COMPLAINTS BY WIC STAFF

Document the complaint in writing and file it in the participant's record.

OTHER COMPLAINTS

If someone other than a member of your staff submits a complaint against a WIC participant, explain to her/him that you cannot take any action against the participant unless the person bringing the complaint is willing to provide a written statement explaining the violation/complaint.

Include in the statement the name of the WIC participant who is in alleged violation of the program, the grounds for complaint(s), the place where the violation took place (if applicable), the date when the incident(s) occurred, and the full signature of the person submitting the complaint.

IMPOSING PENALTIES

BEFORE IMPOSING ANY PENALTY, NOTIFY THE PARTICIPANT OF THE CLAIM(S) MADE AGAINST HER/HIM, THE POSSIBLE PENALTY, AND THE RIGHT TO A FAIR HEARING.

NOTIFYING THE PARTICIPANT OF THE COMPLAINT

Before you impose any penalty (including a written warning), notify the participant of the alleged claim(s) made against her/him, the possible penalty, and her/his right to a fair hearing if s/he is disqualified.

NOTE: You may inform a participant of an accusation made against her/him even if a written statement has not been provided, and base any further inquiry on the participant's response.

DETERMINING THE PENALTY

The program director decides what penalty, if any, should be imposed upon a participant based on the severity of the violation and the hardship that such penalty would create for the participant or the participant's children. Some options are:

- o issuing a warning notice to the participant to cease the abusive activity
- o requiring the participant to reimburse the state WIC office for the amount of food received in violation of WIC regulations
- o requiring a written apology to WIC staff or vendors who were verbally or physically abused
- o disqualifying the participant for a specific time period, not to exceed three months
- o imposing other sanctions as defined by the state WIC office.

NOTIFYING PARTICIPANTS OF PENALTIES

If you decide to sanction a participant for program abuse:

1. Send a letter to the participant outlining the abuse and the penalty to be imposed. Include a sentence saying, "Imposition of this penalty does not preclude any other penalties under State, federal or local law", and inform the participant of her/his right to a fair hearing.
2. File a copy of the letter in the participant's record.
3. Send a copy to the state WIC office.

See the TERMINATION DURING CERTIFICATION PERIOD section of this Procedure Manual.

FAIR HEARINGS

A FAIR HEARING IS A HEARING PROCEDURE THROUGH WHICH APPLICANTS OR PARTICIPANTS MAY APPEAL WIC PROGRAM DECISIONS WHICH RESULT IN THEIR DENIAL OF PARTICIPATION OR DISQUALIFICATION FROM THE WIC PROGRAM.

SCHEDULING FAIR HEARINGS

As soon as the state WIC office staff receive a request for a fair hearing, they notify the Department of Public Health (DPH). DPH schedules the hearing within three weeks of their receipt of a request, in a location convenient to the person requesting the hearing.

DPH notifies the person requesting the hearing, in writing, at least 10 days before the date for which the hearing is scheduled.

Prior to the hearing date, the hearing may be rescheduled by the applicant or participant, the local WIC program, or the hearing officer, but only with advance notice to all parties involved.

Any time before the date of the fair hearing, the person requesting the hearing may withdraw by asking, in writing, that the hearing be cancelled.

THE FAIR HEARING PROCEDURE

The Commissioner of Public Health appoints an impartial officer to conduct the hearing. This means the hearing officer is not involved in the decision that is under appeal.

WIC fair hearings are informal. The applicant or participant can bring legal counsel or anyone else to represent her/him (but the Department of Public Health will not cover this expense).

At the hearing, the participant and the local WIC program each have the opportunity to present their cases and any supporting documentation or information.

FAIR HEARING DECISIONS

Within 45 days of the initial receipt of the request for a hearing, the hearing officer mails her/his decision to both parties.

The signed decision of the hearing officer is final. If the hearing officer decides in favor of the applicant or participant, you must fully implement the decision within seven days after receiving the decision.

If the participant is dissatisfied with the final decision of the hearing officer, s/he has the right to a judicial review by filing a complaint with the Superior Court in the county where s/he resides or works or in Suffolk County within thirty days after the effective date of the hearing decision.

The state WIC office keeps a written record of all hearings.

CONTINUATION OF WIC PARTICIPATION PENDING A FAIR HEARING

Termination During A Certification Period

If you suspend or terminate participants from the WIC program during a certification period and you receive their fair hearing requests within 15 days of the notification, they are entitled to continue to receive WIC vouchers and nutrition care pending the hearing decision.

Denial of Initial Application

If a person is appealing the denial of an initial WIC application, s/he is not eligible to receive WIC vouchers and nutrition care pending the results of the hearing.

No Longer Eligible at Repeat Certification

A person found no longer eligible for WIC benefits at a repeat certification is not eligible to receive WIC vouchers and nutrition care pending the hearing decision.

TRANSFERS

USE THE SAME POLICY FOR IN-STATE AND OUT-OF-STATE TRANSFERS.

ENROLL ALL TRANSFERRING PARTICIPANTS FOR THE DURATION OF THEIR CURRENT CERTIFICATION PERIOD, WHETHER THEY ARE IN A PRIORITY YOU CURRENTLY SERVE OR NOT.

TRANSFERRING PARTICIPANTS HAVE 60 DAYS FROM THE ISSUE DATE OF THEIR LAST SET OF VOUCHERS OR UNTIL THE END OF THEIR CERTIFICATION PERIOD (WHICHEVER COMES FIRST) TO EITHER PICK UP VOUCHERS AT THE NEW WIC PROGRAM OR RETURN TO THEIR OLD WIC PROGRAM TO RE-ENROLL.

TRANSFERS OUT OF YOUR PROGRAM

1. Check the expiration date of each participant's certification period.
 - If the certification period will last for six weeks or more, transfer the participant immediately using steps 2 through 6 below.
 - If the certification period will expire within six weeks, try to recertify the participant before transferring her/him.
 - If the certification period will expire within six weeks and you can't recertify the participant because s/he has or will have moved, set up a recertification appointment at the new program.
2. Contact the program to which the participant is transferring to arrange for the first voucher pick-up. If this is not possible, explain to the participant that s/he must make the arrangements her/himself, and that s/he must pick up the next vouchers within 60 days or by the end of the certification period, whichever comes first; otherwise s/he will have to reapply for WIC benefits.
3. Complete the Verification of Certification (VOC) form as completely as possible. For transfers within Massachusetts, see the Program List for complete information about the new WIC program.

Fill in the "Date Certification Expires" with the last month in the current certification period or the last month the participant will be categorically eligible (6 weeks postpartum, 6 months postpartum, 1 year postpartum, 5 years old), whichever comes first.

Use:

- a. One copy for the participant
 - b. One copy for the program to which the participant is transferring
 - c. One copy for the participant's file
4. If the participant is transferring in-state, send a complete copy of the most recent certification records to the participant's new WIC program within one week of the transfer request. (When a participant signs the affidavit of rights and responsibilities at a certification, s/he automatically gives you permission to make copies of her/his records for a transfer.) Include:
 - Completed VOC form
 - Most recent Certification form
 - Most recent "Income Eligibility Form"
 - Most recent "Rights and Responsibilities" form (signed)
 - Growth chart (optional but helpful).
5. If the participant is transferring out-of-state, fill out the VOC form, give a copy to the participant, and either:
 - o Send copies of the certification records with the participant
 - or
 - o Tell the participant to have the new WIC program request the certification records from you.
6. Terminate each transferring participant's computer record using the standard termination procedure.

See the TERMINATION PROCEDURES section of this Procedure Manual.
7. Document the termination on the "Income Eligibility Form".

See the TERMINATION PROCEDURES section of this Procedure Manual.
8. Attach a copy of the VOC form to the terminated record.

TRANSFERS INTO YOUR PROGRAM

Enroll all transfers, including out-of-state, for the duration of their current certification period, whether or not you are currently serving their priority.

Massachusetts Transfers

1. When a Massachusetts participant arrives at your program for vouchers, ask for her copy of the completed Massachusetts transfer form and a current Massachusetts WIC ID card (or other form of identification).
2. Check the VOC form to see if the participant is still eligible to receive vouchers.
 - If the certification period has expired or if more than 60 days has passed since receipt of vouchers, schedule a certification/repeat certification appointment. Do not issue vouchers until certification is complete.
 - If the participant is still eligible for benefits, issue vouchers but not sooner than one month after the issue date of the last set received. (You do not have to have copies of the participant's record before you can issue vouchers.)
3. Set up a certification record for the duration of the participant's certification period. At a minimum, the participant must have a VOC form.
4. Issue vouchers to the participant as close as possible to one month from the issue date of the previous set of vouchers.
5. Explain your program's rules.
6. Enter the participant's record into your computer file using the actual certification dates.
 - Be sure to enter the most recent certification date, or the computer will purge the record from the participant masterfile because it is too old.
 - If the "most recent certification date" is different from the "initial certification date", be sure to enter both dates on the Type 1 input form.
 - If you cannot determine the participant's priority from the VOC card, have a nutritionist attempt to determine the appropriate priority to enter on the input form.

7. If a transferring participant comes to your program without a VOC form or without having notified the former program of plans to transfer, contact the former program to:

- verify certification
- request copies of the most recent Certification, Rights and Responsibilities and Income Eligibility forms
- request data for completing the VOC form.

Then complete the VOC form. Send one copy to the former program, give one copy to the participant, and file one in the participant record.

8. If you receive a VOC form and certification forms from another Massachusetts WIC program but the participant doesn't appear before her/his certification period expires or within 60 days of receipt of the last set of vouchers, file the records with your initial "no shows".

Out-of-State Transfers

1. If a participant arrives at your program with a valid "Verification of Certification" (VOC) card or with a valid state-produced transfer form and a valid personal ID, complete the steps outlined under MASSACHUSETTS TRANSFERS using the information on the out-of-state form.

Also:

3. The participant must have a valid VOC card or a valid out-of-state transfer form.
5. Have the participant read and sign the "Rights and Responsibilities" form.

You do not need to fill out the Massachusetts transfer form.

NOTE: It is not necessary to obtain a participant's out-of-state certification records; however, you may request them to help ensure continuity of nutrition care for the participant. You may need to ask the participant to authorize release of the records.

MASSACHUSETTS WIC PROGRAM

VERIFICATION OF CERTIFICATION/INTERAGENCY TRANSFER FORM

Current WIC Program:

New WIC Program:

Family's new address:

| | | | | | |
|--------------------|--|--------------------|--|---|--|
| Name of Program | | Name of Program | | Street | |
| Street | | Street | | City/Town Zip code | |
| City/Town Zip Code | | City/Town Zip Code | | Telephone | |
| () | | () | | Note to current WIC program: Please send most recent Certification form, Income Eligibility form, Rights and Responsibilities form for each participant to new WIC Program. | |
| Telephone | | Telephone | | | |
| Staff name (print) | | | | | |
| Staff signature | | Date | | | |

| Names of participants in family | ID number | EDC/DOB | Initial certif. date | Most recent certif. date* | Date cert. expires** | Food pkg. | Priority and current certification reason | Date of last voucher pick-up** |
|---------------------------------|-----------|---------|----------------------|---------------------------|----------------------|-----------|---|--------------------------------|
| 1. | | | | | | | | |
| 2. | | | | | | | | |
| 3. | | | | | | | | |
| 4. | | | | | | | | |

Comments:

- * Income eligibility determined on this date.
- ** Next vouchers must be picked up within 60 days of last voucher pick-up or before date certification expires, whichever comes first. Otherwise, participant must reapply for benefits.

Hotline number for Massachusetts WIC: (1)800-WIC-1007

Notice to out-of-state WIC programs: Participant has authorized release of records. Please request from WIC Program indicated above.

This is an Equal Opportunity Program. If you believe you have been discriminated against because of race, color, national origin, age, sex, or handicap, write immediately to the Secretary of Agriculture, Washington D.C. 20250.

WIC Form #11



NOTIFICATION REQUIREMENTS

PROVIDE WRITTEN NOTIFICATION OF INELIGIBILITY FOR/EXPIRATION OF WIC BENEFITS TO:

- APPLICANTS FOUND INELIGIBLE AT INITIAL CERTIFICATION
- APPLICANTS OR PARTICIPANTS PLACED ON A WAITING LIST
- PARTICIPANTS WHO BECOME INELIGIBLE DURING A CERTIFICATION PERIOD
- PARTICIPANTS WHOSE CERTIFICATION PERIOD IS ABOUT TO EXPIRE
- PARTICIPANTS FOUND INELIGIBLE AT REPEAT CERTIFICATION

DOCUMENT THE NOTIFICATION IN THE APPLICANT'S OR PARTICIPANT'S RECORD.

All notification letters referred to in this section are included in the Originals Packet.

INELIGIBILITY AT INITIAL CERTIFICATION

IF APPLICANTS ARE FOUND INELIGIBLE FOR WIC BENEFITS AT INITIAL CERTIFICATION, NOTIFY THEM IN WRITING OF THEIR INELIGIBILITY AND OF THEIR RIGHT TO A FAIR HEARING.

GIVE/SEND NOTIFICATION WITHIN 20 DAYS OF YOUR RECEIPT OF THE APPLICATION (10 DAYS FOR HIGH RISK APPLICANTS).

Use the "NOT ELIGIBLE LETTER" to notify applicants that they are not eligible for WIC. Give or send this letter within 20 days of your receipt of their application (10 days for high risk applicants).

Document notification by:

** attaching a copy of the "NOT ELIGIBLE LETTER" to the application (MRF)

OR

** noting on the application that notification was given, the reason for ineligibility, the date of notification and staff initials.

NOTE: File records of ineligible applicants separately from records of terminated participants. See the PARTICIPANT RECORDS section of this Procedure Manual.

WAITING LIST STATUS

IF YOU PLACE APPLICANTS OR PARTICIPANTS ON A WAITING LIST, NOTIFY THEM IN WRITING OF THEIR WAITING LIST STATUS AND THEIR RIGHT TO A FAIR HEARING.

Use the "WAITING LIST LETTER" to notify applicants and participants that they have been put on a waiting list.

- ** Give this notification to applicants within 20 days of your receipt of their application (10 days for high risk applicants)
- ** Give this notification to participants at the end of a certification period, after you have determined that they are in a priority you are not currently serving.

Document notification by:

- attaching a copy of the "WAITING LIST LETTER" to the Medical Referral Form or other record of application

OR

- noting on the MRF or other record of application the reason for waiting list status, date of notification, and your initials.

TERMINATION DURING CERTIFICATION PERIOD

PARTICIPANTS MAY BE TERMINATED DURING A CERTIFICATION PERIOD FOR CATEGORICAL INELIGIBILITY, MISSED VOUCHER PICK-UPS, OVER-INCOME, NO LONGER BREASTFEEDING, AND ABUSE OF WIC PROGRAM BENEFITS.

NOTIFY THESE PARTICIPANTS IN WRITING NOT LESS THAN 15 DAYS BEFORE THEIR TERMINATION DATE, AND TELL THEM OF THEIR RIGHT TO A FAIR HEARING.

CATEGORICAL INELIGIBILITY

Use the "NO LONGER ELIGIBLE LETTER" to notify participants that their WIC benefits are about to expire because they are no longer categorically eligible. This includes children turning 5 years old, non-breastfeeding women at 6 months postpartum, and breastfeeding women at 1 year postpartum.

Give the "NO LONGER ELIGIBLE LETTER" to participants with their last set of vouchers. If they do not pick up the last set of vouchers, mail the notification at least 15 days before the vouchers expire.

Document notification by:

- filing a copy of the "NO LONGER ELIGIBLE LETTER" in the participant's record

OR

- noting in the participant's record that the notification was given, including the reason for categorical ineligibility, the date notification was given, and your initials.

MISSED VOUCHER PICK-UP

Use the "MISSED VOUCHERS LETTER" to remind participants that they have not picked up vouchers and that they will be terminated if they also fail to pick up the following set of vouchers. This following set of vouchers is considered to be their "last month eligible". Mail the letter:

- o immediately after the first missed voucher pick-up

OR

- o at the end of the month in which the first set of vouchers was not picked up

OR

- o upon the expiration of the first set of vouchers not picked up.

If the following set of vouchers is not picked up, additional notification of termination is not necessary. (See the MISSED VOUCHER PICK-UP section of this Procedure Manual.

Document notification by:

- filing a copy of the "MISSED VOUCHERS LETTER" in the participant's record

OR

- noting in the participant's record that the "MISSED VOUCHERS LETTER" was sent, including the date it was sent, the last month eligible, and your initials

OR

- completing the TERMINATION DOCUMENTATION section of the Income Eligibility form.

OVER-INCOME

Participants may become ineligible during a certification period if a family member is found to be over-income at a certification or repeat certification.

Use the "NO LONGER ELIGIBLE LETTER" to notify participants that their WIC benefits are about to expire because they are no longer income eligible. Give participants this letter at the time ineligibility is determined for the other family member.

Give the participant a last set of vouchers if the issue date falls before 15 days after income ineligibility is determined and the "NO LONGER ELIGIBLE LETTER" is given.

Document notification by:

- filing a copy of the "NO LONGER ELIGIBLE LETTER" in the participant's record

OR

- noting in the participant's record that the "NO LONGER ELIGIBLE LETTER" was given, the date it was given, the reason for termination, the last month eligible, and your initials

OR

- completing the TERMINATION DOCUMENTATION section of the Income Eligibility form.

NO LONGER BREASTFEEDING

Women who stop breastfeeding may become ineligible for benefits during a certification period.

- * Women who stop breastfeeding after 6 months postpartum are no longer categorically eligible for WIC benefits.
- * Women who stop breastfeeding before 6 months postpartum are still eligible as Priority 4b or Priority 6 postpartum women, but if your program is not serving one or both of these priorities, terminate them and put them on your waiting list.

Use the "NO LONGER ELIGIBLE LETTER" to notify women who have stopped breastfeeding that their WIC benefits are about to expire. Give them this letter at the time they notify you that they have stopped breastfeeding.

- ** Check "no longer breastfeeding" if their baby is more than 6 months old
- ** Check "at nutritional risk, but there are applicants at higher risk on the waiting list" if they could be enrolled as Priority 4b or Priority 6 but your program is not currently serving these priorities.

Give women a last set of vouchers if the issue date falls before 15 days after the "NO LONGER ELIGIBLE LETTER" is given.

Give a "WAITING LIST NOTIFICATION LETTER" to Priority 4b and Priority 6 women if you terminate them.

Document notification by:

- filing a copy of the "NO LONGER ELIGIBLE LETTER" in the participant's record OR
- noting in the participant's record that the "NO LONGER ELIGIBLE LETTER" was given, the date it was given, the reason for termination, the last month eligible, and your initials OR
- completing the TERMINATION DOCUMENTATION section of the Income Eligibility Form.

Keep a record of Priority 4b and Priority 6 women who have been terminated and put on the waiting list.

ABUSE OF WIC PROGRAM BENEFITS

Sanction a participant for program abuse by:

1. Sending a letter to the participant outlining the abuse and the penalty to be imposed. Include a sentence saying, "Imposition of this penalty does not preclude any other penalties under State, federal or local law," and notify the participant of her/his right to a fair hearing.
2. Filing a copy of the letter in the participant's record.
3. Sending a copy to the state WIC office.

INELIGIBILITY AT REPEAT CERTIFICATION

IF PARTICIPANTS ARE FOUND NO LONGER ELIGIBLE FOR WIC BENEFITS AT REPEAT CERTIFICATION, NOTIFY THEM IN WRITING OF THEIR INELIGIBILITY AND THEIR RIGHT TO A FAIR HEARING.

Use the "NO LONGER ELIGIBLE LETTER" to notify participants of their ineligibility to continue WIC benefits. Check the appropriate reason for ineligibility:

- * no longer living in Massachusetts
- * no longer income eligible
- * no longer at nutritional risk
- * at nutritional risk but there are applicants at higher risk on the waiting list
- * no longer breastfeeding

Document notification by:

- putting a copy of the "NO LONGER ELIGIBLE LETTER" in the participant's record

OR

- noting that the notification letter was given, the date it was given, the reason for ineligibility, and staff initials

OR

- completing the TERMINATION DOCUMENTATION section on the Income Eligibility form.

NOTE: Be sure to document distribution of the "END OF CERTIFICATION PERIOD LETTER" in the records of participants who are found ineligible at recertification or who are put on a waiting list at recertification.

EXPIRATION OF CERTIFICATION PERIOD

IF A PARTICIPANT'S CERTIFICATION PERIOD IS ABOUT TO EXPIRE, NOTIFY HER/HIM IN WRITING NOT LESS THAN 15 DAYS BEFORE THE END OF THE CERTIFICATION PERIOD.

DOCUMENT DISTRIBUTION OF THE "END OF CERTIFICATION PERIOD LETTER" IN THE RECORDS OF PARTICIPANTS WHO ARE FOUND INELIGIBLE AT RECERTIFICATION, WHO ARE PUT ON A WAITING LIST AT RECERTIFICATION, OR WHO FAIL TO COMPLETE RECERTIFICATION.

INFANTS AND CHILDREN

Use the "END OF CERTIFICATION PERIOD LETTER" to notify participants that their 6-month certification period is about to expire. Give this letter to participants at least 15 days before the end of the certification period.

Give/send the letter:

- o with the last (sixth) set of vouchers in the certification period. This provides 30 days notice, since the certification period expires when the vouchers expire

OR

- o with the next to last (fifth) set of vouchers in the certification period. This gives participants ample time to prepare for recertification or for the end of their participation on WIC

OR

- o by mail if the participant has missed the last voucher pickup in the certification period. The participant must receive the letter at least 15 days before the last (sixth) set of vouchers expires.

Document notification by:

- putting a copy of the "END OF CERTIFICATION PERIOD LETTER" in the participant's record

OR

- noting in the participant's record that the letter was given/mailed, the date the letter was given/mailed, the last month eligible, and your initials

OR

- completing the TERMINATION DOCUMENTATION section of the Income Eligibility form.

POSTPARTUM WOMEN

Use a modified form of the "END OF CERTIFICATION PERIOD LETTER" to notify women who were on WIC prenatally and who have just delivered that their certification period ends when their baby is 6 weeks old. Give this notification to women as soon as they notify you that their baby has been born. (Their last set of vouchers will be the last set with an issue date before the day their infant becomes 6 weeks old.)

Document notification by:

- putting a copy of the modified "END OF CERTIFICATION PERIOD LETTER" in the participant's record which includes the woman's date of delivery

OR

- noting in the participant's record that the letter was given/mailed, the date the letter was given/mailed, the delivery date, the last month eligible, and your initials

OR

- completing the TERMINATION DOCUMENTATION section of the Income Eligibility form.

NON-DISCRIMINATION (CIVIL RIGHTS STATEMENT)

NOTIFY ALL APPLICANTS AND PARTICIPANTS THAT WIC IS AN EQUAL-OPPORTUNITY PROGRAM.

INCLUDE THE CIVIL RIGHTS STATEMENT ON ALL PRINTED MATERIALS PRODUCED FOR MASS DISTRIBUTION WHICH CONTAIN INFORMATION REGARDING PARTICIPATION REQUIREMENTS, PROGRAM BENEFITS, ELIGIBILITY OR PUBLIC NOTIFICATION.

This is the standard "Civil Rights Statement":

This is an Equal Opportunity Program. If you believe you have been discriminated against because of race, color, national origin, age, sex, or handicap, write immediately to the Secretary of Agriculture, Washington, D.C. 20250.

See the Originals Packet for camera-ready translations in Spanish, Cambodian, Vietnamese, Laotian, Portuguese, Chinese and French.

INCLUDE THE CIVIL RIGHTS STATEMENT ON:

- o vendor posters
- o fair hearing information
- o letters for missed appointments
- o notices of ineligibility or disqualification
- o outreach materials
- o referral materials
- o letters of invitation to public hearings
- o newsletters discussing program benefits

DO NOT INCLUDE THE CIVIL RIGHTS STATEMENT ON:

- o nutrition education materials
- o participant ID cards
- o food lists
- o policy publications

TERMINATIONS

REMOVE PARTICIPANTS FROM ACTIVE PARTICIPATION IN THE WIC PROGRAM DUE TO INELIGIBILITY AS DEFINED BY FEDERAL REGULATIONS AND STATE AND LOCAL POLICY.

TERMINATION MAY TAKE PLACE BOTH IN MID-CERTIFICATION AND AT THE END OF A CERTIFICATION PERIOD.

REASONS FOR TERMINATION

TERMINATE PARTICIPANTS FROM THE WIC FOR INELIGIBILITY OR NON-COMPLIANCE
WITH WIC PROGRAM POLICIES AND PROCEDURES.

The following is a list of reasons a participant may be terminated from the
WIC Program. See the Procedure Manual section listed next to each item for more
information.

| REASON | PROCEDURE MANUAL SECTION |
|--------|--------------------------|
|--------|--------------------------|

DURING CERTIFICATION PERIOD

| | |
|---|--|
| Categorical ineligibility (done automatically by the computer) | CATEGORICAL ELIGIBILITY |
| Participant stops breastfeeding | CATEGORICAL ELIGIBILITY |
| | APPLICATIONS WITH A WAITING LIST |
| Income ineligibility | INCOME ELIGIBILITY |
| Missed voucher pick-up | MISSED VOUCHER PICKUP |
| Participant fraud and abuse | PARTICIPANT VIOLATIONS OF THE WIC PROGRAM |
| Transfer | TRANSFERS |

| REASON | PROCEDURE MANUAL SECTION |
|---------------------------------------|--|
| <u>AT END OF CERTIFICATION PERIOD</u> | |
| Geographical ineligibility | GEOGRAPHICAL ELIGIBILITY |
| Income ineligibility | INCOME ELIGIBILITY |
| No longer at nutritional risk | NUTRITIONAL RISK |
| Higher priorities waiting | NUTRITIONAL RISK |
| | APPLICATIONS WITH A WAITING LIST |
| No repeat certification appointment | MISSED CERTIFICATION/RECERTIFICATION APPOINTMENTS |

TERMINATION PROCEDURES

DEVELOP AND FOLLOW A PROTOCOL FOR PROCESSING TERMINATIONS IN A CONSISTENT AND TIMELY MANNER WHICH INCLUDES:

1. NOTIFYING PARTICIPANT
2. DOCUMENTING TERMINATION IN PARTICIPANT RECORD
3. SENDING COMPUTER INPUT TO STATE OFFICE
4. FILING TERMINATED RECORDS IN APPROPRIATE MANNER

INCLUDE IN THE TERMINATED PARTICIPANT RECORD ALL FORMS DOCUMENTING ELIGIBILITY AND NOTIFICATION OF TERMINATION.

NOTIFICATION OF TERMINATION

Inform all participants, in writing, of impending termination at least 15 days prior to termination. See the NOTIFICATION REQUIREMENTS section in this Procedure Manual.

DOCUMENTING TERMINATIONS

Document the termination notification in the participant's record on the bottom of the Income Eligibility form:

1. Reason - Check the appropriate reason.

** For postpartum women ("6 wk PP"), fill in the date of delivery.

** For missed voucher pickup ("Missed _____ & _____ VPU"), write the two months when vouchers were not picked up.

2. Last month eligible - For participants terminated either at the end of a certification period or during a certification period for categorical or income eligibility, transfer, or no longer breastfeeding, the "last month eligible" is the month on the last set of vouchers which were picked up (or should have been picked up.)

For participants terminated for missed voucher pick-up, the "last month eligible" is the month on the second set of missed vouchers.

3. Date on vouchers - Write the date on the vouchers or the assigned pick-up day.
4. Type of notification - Use a code to note the type of letter(s) given/mailed to the participant.


** Document distribution of the "END OF CERTIFICATION PERIOD LETTER" for all terminations occurring at repeat certification (no longer eligible, waiting list, no recertification) when the participant's certification period has expired.

** Give the "WAITING LIST NOTIFICATION LETTER" to Priority VI women if they submit a postpartum Medical Referral Form.

5. Date given/mailed
6. Staff initials


Example A: 5 year-old categorically ineligible

| TERMINATION DOCUMENTATION | | | |
|--|-------------------------------------|---------------------------------|-----------------------|
| Reason | | | |
| 5 years old(1) | <input checked="" type="checkbox"/> | Non-resident(3) | _____ |
| 1 year PP-BF(1) | _____ | Transfer to(3) | _____ |
| 6 mo. PP (1) | _____ | Over income(7) | _____ |
| No longer BF(1,8) | _____ | No nutr. risk(2) | _____ |
| 6 wk PP(8) | _____ | Waiting list(8) | _____ |
| (DOD _____) | | | |
| Last month eligible <u>June</u> | | Date on vouchers <u>June 08</u> | |
| Type of notification <u>no longer eligible</u> | | Date given/mailed <u>6/9/88</u> | Staff init. <u>MC</u> |

MA WIC 6/88  WIC Form #98

Example B: Priority 6 postpartum woman

| TERMINATION DOCUMENTATION | | | |
|--|-------|----------------------------------|-----------------------|
| Reason | | | |
| 5 years old(1) | _____ | Non-resident(3) | _____ |
| 1 year PP-BF(1) | _____ | Transfer to(3) | _____ |
| 6 mo. PP (1) | _____ | Over income(7) | _____ |
| No longer BF(1,8) | _____ | No nutr. risk(2) | _____ |
| 6 wk PP(8) | _____ | Waiting list(8) | _____ |
| (DOD <u>8/16/99</u>) | | | |
| Last month eligible <u>Sept.</u> | | Date on vouchers <u>Sept 12</u> | |
| Type of notification <u>waiting list</u> | | Date given/mailed <u>9/14/88</u> | Staff init. <u>MC</u> |

MA WIC 6/88  WIC Form #98

Example C: Over-income at repeat certification

TERMINATION DOCUMENTATION

Reason
5 years old(1) _____ Non-resident(3) _____ Missed _____ & _____ VPU(4)
1 year PP-BF(1) _____ Transfer to(3) _____ No Repeat Cert.(5) _____
6 mo. PP (1) _____ Over income(7) ☒ Other _____
No longer BF(1,8) _____ No nutr. risk(2) _____
6 wk PP(8) _____ Waiting list(8) _____
(DOD _____)

Last month eligible June Date on vouchers June 21

Type of notification end of cert. Date given/mailed 6/22/88 Staff init. MC
no longer elig. 7/21/88

MA WIC 6/88 WIC Form #98

Example D: Waiting list at repeat certification

TERMINATION DOCUMENTATION

Reason
5 years old(1) _____ Non-resident(3) _____ Missed _____ & _____ VPU(4)
1 year PP-BF(1) _____ Transfer to(3) _____ No Repeat Cert.(5) _____
6 mo. PP (1) _____ Over income(7) _____
No longer BF(1,8) _____ No nutr. risk(2) _____
6 wk PP(8) _____ Waiting list(8) ☒
(DOD _____)

Last month eligible July Date on vouchers July 03

Type of notification end of cert. Date given/mailed 7/3/88 Staff init. MC
no longer elig. 8/5/88
waiting list 8/5/88

MA WIC 6/88 WIC Form #98

Example E: Did not pick up vouchers for two months

TERMINATION DOCUMENTATION

Reason
5 years old(1) _____ Non-resident(3) _____ Missed June & July VPU(4)
1 year PP-BF(1) _____ Transfer to(3) _____ No Repeat Cert.(5) _____
6 mo. PP (1) _____ Over income(7) _____
No longer BF(1,8) _____ No nutr. risk(2) _____
6 wk PP(8) _____ Waiting list(8) _____
(DOD _____)

Last month eligible July Date on vouchers July 7

Type of notification missed VPU Date given/mailed 7/17/88 Staff init. MC

MA WIC 6/88 WIC Form #98

Example F: No show for repeat certification

TERMINATION DOCUMENTATION

Reason

| | | |
|-------------------------|------------------------|--|
| 5 years old(1) _____ | Non-resident(3) _____ | Missed _____ & _____ VPU(4) |
| 1 year PP-BF(1) _____ | Transfer to(3) _____ | No Repeat Cert.(5) <input checked="" type="checkbox"/> |
| 6 mo. PP (1) _____ | Over income(7) _____ | Other _____ |
| No longer BF(1,8) _____ | No nutr. risk(2) _____ | |
| 6 wk PP(8) _____ | Waiting list(8) _____ | |
| (DOD _____) | | |

Last month eligible July Date on vouchers July 03

Type of notification end of Oct. Date given/mailed 7/3/88 Staff init. YIC

DOCUMENTING TERMINATIONS

| REASON | CODE | TYPE OF NOTIFICATION * |
|--|------|----------------------------------|
| 5 years old | 1 | A |
| 1 year postpartum/breastfeeding | 1 | A |
| 6 months postpartum | 1 | A |
| No longer breastfeeding (after 6 months postpartum) | 1 | A |
| No longer breastfeeding (non-teen before 6 months postpartum, when Priority 6 is not served) | 8 | A, C |
| 6 weeks postpartum (note date of delivery) | 8 | A or D, C if PP MRF submitted |
| Non-resident | 3 | A, D |
| Transfer | 3 | transfer form |
| Over-income (at recertification) | 7 | A, D |
| Over-income (during certification period) | 7 | A |
| No nutritional risk | 2 | A, D |
| Higher priorities waiting | 8 | A, D, C |
| Missed 2 months of vouchers (note which 2 months missed) | 4 | B |
| Not recertified | 5 | D |

* KEY FOR LETTERS:

- A. No Longer Eligible Letter
- B. Missed Vouchers Letter
- C. Waiting List Notification Letter
- D. End of Certification Period Letter

You may also document termination by putting a copy of the notification letter(s) in the participant's record if the letter(s) include:

1. the reason for termination
2. the last month eligible
3. the date notification was given/mailed
4. staff initials
5. the date of delivery for non-breastfeeding, postpartum women

COMPUTER INPUT FOR TERMINATION

Submit computer input for terminations promptly to ensure accurate caseload statistics and to prevent unnecessary voucher production. See the CODES FOR PARTICIPANT INPUT FORMS section in the Voucher System Manual for termination codes for computer input.

FILING INACTIVE RECORDS

File all forms documenting a participant's original eligibility in the terminated record, including:

- Assessment and certification forms
- Income Eligibility form(s)
- Affidavit of Rights and Responsibilities
- Medical Referral Form(s)
- Any other forms used for certification or documentation (e.g., growth charts)

Keep all terminated records for seven years from the end of the fiscal year to which the record pertains. See the RECORDKEEPING and PARTICIPANT RECORDS sections of this Procedure Manual.

Do not file with your terminated records:

- applications (MRFs) of ineligible applicants
- applications (MRFs) of applicants who never showed up for initial certification.

STANDARD FORMS AND FORM LETTERS

USE THE STANDARD FORMS AND FORM LETTERS PROVIDED TO YOU BY THE STATE WIC OFFICE SO THAT ALL PROGRAMS FOLLOW STANDARD PROCEDURES, ALL PARTICIPANTS RECEIVE UNIFORM NOTIFICATION, AND ALL WIC RECORDS CONTAIN STANDARD INFORMATION.

ORDER STATE-PRODUCED FORMS FROM THE STATE WIC OFFICE USING THE MASSACHUSETTS WIC PROGRAM ORDER FORM.

SEE THE "ORIGINALS PACKET" FOR BLANK COPIES OF ALL FORMS NOT PRINTED BY THE STATE WIC OFFICE. MAKE COPIES AS NEEDED.

SEE THE "ORIGINALS PACKET" FOR BLANK COPIES OF ALL FORM LETTERS NOT PRINTED BY THE STATE WIC OFFICE. MAKE COPIES ON YOUR LETTERHEAD AS NEEDED.

MAINTAIN AN ADEQUATE SUPPLY OF FORMS SO THAT YOU DO NOT RUN OUT.

The following sections outline in detail the forms and form letters that you are required to use for all WIC functions: referral, nutrition assessment, certification, food delivery, participant notification, fair hearings, CPA approval, fiscal reporting, vendor selection, vendor contracting, and monitoring.

Each section (Administrative, Nutrition, Fiscal, Vouchers, and Vendors) has a chart listing all the forms you are required to use, where to get them, and where to find instructions for using them.

- Some forms are printed by the state WIC office in large quantities.
- Some forms and form letters are included in an "Originals Packet" so you can make copies as needed.
- Some forms are updated regularly and sent directly to you

EXCEPT FOR THE FORMS MARKED ON THE CHART WITH AN *, YOU ARE REQUIRED TO USE ALL THE FORMS OUTLINED IN THE FOLLOWING SECTIONS.

ADMINISTRATIVE FORMS

USE THE ADMINISTRATIVE FORMS PROVIDED BY THE STATE WIC OFFICE SO THAT CERTIFICATION, FAIR HEARING, AND TRANSFER PROCEDURES ARE CONSISTENT ACROSS THE STATE.

USE THE ADMINISTRATIVE FORM LETTERS PROVIDED BY THE STATE WIC OFFICE SO THAT ALL WIC PARTICIPANTS RECEIVE THE SAME INFORMATION ABOUT ELIGIBILITY AND TERMINATION.

FORMS

See next page for where to find detailed instructions for each form.

FORM LETTERS

See next page for where to find detailed instruction for each form letter.

- ** These form letters meet all the notification requirements established by Federal regulation and the state WIC office. (You may develop your own letters, but they must include all the information contained in the standard letters.)
- ** Copy the blank letters in the "Originals Packet" onto your program's letterhead. Be sure to include a phone number and the name of a contact person.

LOCAL PROGRAM PRODUCED MATERIALS

- Any materials which you produce yourself to provide information regarding participation requirements, program benefits, eligibility, and public notification must contain the current non-discrimination clause. See the NON-DISCRIMINATION (CIVIL RIGHTS STATEMENT) section in this Procedure Manual.
- Any materials which you produce to provide information regarding eligibility determination must contain information on fair hearings and the Massachusetts WIC hotline number (1-800-WIC-1007). See the sections entitled FAIR HEARINGS and THE RIGHT TO A FAIR HEARING in this Procedure Manual.
- Any promotional materials you produce must include the following clause: "The Massachusetts Department of Public Health provides funds for these services."

ADMINISTRATIVE FORMS AND FORM LETTERS

| FORM/LETTER | WHERE TO GET IT | INSTRUCTIONS |
|--|------------------|--|
| <u>NOTIFICATION</u> | | |
| End of Certification Period letter | Originals Packet | EXPIRATION OF CERT PERIOD section of Procedure Manual |
| Missed Vouchers letter | Originals Packet | TERMINATION DURING CERTIFICATION PERIOD section of Procedure Manual |
| No Longer Eligible letter | Originals Packet | TERMINATION DURING CERTIFICATION PERIOD and INELIGIBILITY AT REPEAT CERTIFICATION sections of Procedure Manual |
| Not Eligible letter | Originals Packet | INELIGIBILITY AT REPEAT CERTIFICATION section of Procedure Manual |
| Waiting List Notification letter | Originals Packet | WAITING LIST STATUS section of Procedure Manual |
| <u>FAIR HEARINGS</u> | | |
| Request For A Fair Hearing form | Order from SA | THE RIGHT TO A FAIR HEARING section of Procedure Manual |
| What Is A WIC Fair Hearing? form | Order from SA | THE RIGHT TO A FAIR HEARING section of Procedure Manual |
| <u>CERTIFICATION/TRANSFER</u> | | |
| Income Eligibility/Rights and Responsibilities form | Order from SA | DOCUMENTING INCOME section of Procedure Manual |
| Rights and Responsibilities form (foreign language translations) | Order from SA | DOCUMENTING INCOME section of Procedure Manual |
| VOC/Interagency Transfer form | Order from SA | TRANSFERS section of Procedure Manual |
| <u>MANUAL COUNT</u> | | |
| Manual Count of Monthly Participation form | Originals Packet | CASELOAD MANAGEMENT section of Procedure Manual |
| <u>SITE APPROVAL</u> | | |
| Site Approval Request form | Originals Packet | SITES section of Procedure Manual |

NUTRITION FORMS

USE THE NUTRITION FORMS PROVIDED BY THE STATE WIC OFFICE SO THAT
CERTIFICATION AND CPA APPROVAL PROCEDURES ARE CONSISTENT ACROSS THE
STATE.

See next page for where to find detailed instructions for each form.

NUTRITION FORMS AND FORM LETTERS

| FORM/LETTER | WHERE TO GET IT | INSTRUCTIONS |
|--|------------------|---|
| BREASTFEEDING | | |
| Breastfeeding promotion letter for health care providers * | Originals Packet | RELATIONSHIP WITH OTHER HEALTH CARE PROVIDERS section of Procedure Manual |
| Questionnaires | | |
| - Prenatal * | Originals Packet | PRENATAL CONTACTS section of Procedure Manual |
| - Postpartum * | Originals Packet | POSTPARTUM CONTACTS section of Procedure Manual |
| - Health care providers * | Originals Packet | RELATIONSHIP WITH OTHER HEALTH CARE PROVIDERS section of Procedure Manual |
| Flyers | | |
| - WIC Program Promotes Breastfeeding * | Originals Packet | RELATIONSHIP WITH OTHER HEALTH CARE PROVIDERS section of Procedure Manual |
| - What WIC Offers Pregnant and Breastfeeding Women * | Originals Packet | RELATIONSHIP WITH OTHER HEALTH CARE PROVIDERS section of Procedure Manual |
| CERTIFICATION | | |
| Calculating Age a/o DOM (date of measurement) * | Originals Packet | Instruction Guides for Assessment & Certification of: <ul style="list-style-type: none"> o Infants o Children |
| Certification forms | Order from SA | Instruction Guides for Assessment & Certification of: <ul style="list-style-type: none"> o Pregnant Women o Postpartum and Lactating Women o Infants o Children |
| - Certification | | |
| - Nutrition assessment | | |
| - Questionnaire | | |
| Referral forms | Order from SA | APPLICATIONS section of Procedure Manual |
| - Medical | | |
| - Dental * | | |
| - Repeat certification of Infants and children * | | |
| COUNSELING EVALUATION | | |
| Counseling Evaluation Guides: | | |
| - Individual | Originals Packet | NUTRITION CARE section of Procedure Manual |
| - Group | Originals Packet | NUTRITION CARE section of Procedure Manual |
| - Secondary Contacts | Originals Packet | NUTRITION CARE section of Procedure Manual |
| CPAs | | |
| CPA Approval form | Originals Packet | THE COMPETENT PROFESSIONAL AUTHORITY section of Procedure Manual |
| - Level I | | |
| - Level II | | |
| Continuing Ed Credits | Originals Packet | THE COMPETENT PROFESSIONAL AUTHORITY section of Procedure Manual |
| - Nutrition Assistants | | |
| - Nutritionists | | |
| NUTRITION EDUCATION | | |
| Nutrition Education Action Plan | Originals Packet | NUTRITION EDUCATION ACTION PLAN section of PM |
| Nutrition Education Survey | Originals Packet | PARTICIPANT EVALUATION OF NUTRITION EDUCATION section of Procedure Manual |

FISCAL FORMS

USE THE FORMS PROVIDED BY THE STATE WIC OFFICE AND/OR THE DEPARTMENT OF PUBLIC HEALTH'S CENTRAL CONTRACT UNIT TO REPORT EACH FISCAL YEAR'S EXPENDITURES AND TO REQUEST BUDGET AMENDMENTS.

REVISED FORMS AND GUIDELINES FOR THEIR USE ARE ISSUED FOR EACH FISCAL YEAR.

See next page for where to find detailed instructions for each form.

FISCAL FORMS

| FORM | WHERE TO GET IT | INSTRUCTIONS |
|--|--|---|
| <u>BUDGET</u> | | |
| Budget amendment forms | Sent to you by Central Contracts Unit | Carey Toran, Massachusetts WIC Program, 150 Tremont Street, 3rd floor, Boston, MA 02111 |
| <u>CLOSEOUT</u> | | |
| Closeout forms | Sent to you by Central Contracts Unit | Carey Toran, Massachusetts WIC Program, 150 Tremont Street, 3rd floor, Boston, MA 02111 |
| <u>CONTRACTING</u> | | |
| Contract forms | Sent to you by Central Contracts Unit | Carey Toran, Massachusetts WIC Program, 150 Tremont Street, 3rd floor, Boston, MA 02111 |
| <u>REPORTING</u> | | |
| Monthly Expenditure Report - Service Delivery Report - Monthly Expenditure Report - Attachment III - Nutrition Education Expenses | Sent to you by Central Contracts Unit, and Included in Originals Packet | Carey Toran, Massachusetts WIC Program, 150 Tremont Street, 3rd floor, Boston, MA 02111 |
| Property Management form | Sent to you by SA | FISCAL RECORDS section of Procedure Manual |
| Receipt of Equipment Notice | Originals Packet | FISCAL RECORDS section of Procedure Manual |
| <u>REIMBURSEMENTS</u> | | |
| Payment Voucher | Order from Central Contracts Unit | Federal-funded programs contact Enid Markovitz, Department of Public Health, Central Contracts Unit, 150 Tremont Street, Boston, MA 02111 State-funded programs contact Alden Wells, Department of Public Health, Central Contracts Unit, 150 Tremont Street, Boston, MA 02111 |

VOUCHER FORMS

THE STATE AGENCY PROVIDES YOU WITH FORMS TO STANDARDIZE AND SIMPLIFY
VOUCHER GENERATION, DISTRIBUTION AND INVENTORY PROCEDURES.

See next page for where to find detailed instructions for each form.

VOUCHER FORMS AND FORM LETTERS

| FORM/LETTER | WHERE TO GET IT | INSTRUCTIONS |
|--|------------------|---|
| <u>MANUAL VOUCHERS</u> | | |
| Manual voucher input form | Order from SA | PREPARING MANUAL VOUCHER INPUT FORMS section of Voucher System Manual |
| Manual voucher order form | Order from SA | ORDERING MANUAL VOUCHER PACKAGES section of Voucher System Manual |
| Monthly Inventory of manual vouchers | Originals Packet | MONTHLY INVENTORY CHECK section of Voucher System Manual |
| <u>PARTICIPANT INPUT</u> | | |
| Participant input form | Order from SA | See these Voucher System Manual sections: <ul style="list-style-type: none">• PARTICIPANT INPUT FORMS• ADDING A PARTICIPANT ONTO THE PARTICIPANT MASTERFILE• CHANGING INFORMATION ON A RECORD ALREADY IN THE PARTICIPANT MASTERFILE |
| <u>BATCHING</u> | | |
| Input log | Order from SA | BATCHING MANUAL VOUCHER INPUT FORMS section of the Voucher System Manual |
| <u>MAILING VOUCHERS</u> | | |
| Mailed vouchers letter | Originals Packet | MAILING VOUCHERS section of Procedure Manual |
| <u>RECORDKEEPING</u> | | |
| Proxy authorization form | Originals Packet | PROXIES section of Procedure Manual |
| Record of staff signatures and Initials for FY _____ | Originals Packet | RECORD OF STAFF SIGNATURES AND INITIALS section of Voucher System Manual |

VENDOR FORMS

THE STATE AGENCY PROVIDES YOU WITH FORMS TO STANDARDIZE AND SIMPLIFY VENDOR SELECTION, AUTHORIZATION AND REVIEW PROCEDURES.

USE THE STANDARD FORM LETTERS PROVIDED TO YOU BY THE STATE WIC OFFICE SO THAT INFORMATION GIVEN TO WIC VENDORS WILL BE CONSISTENT ACROSS THE STATE.

SEE THE "ORIGINALS PACKET" FOR BLANK COPIES OF ALL REQUIRED FORM LETTERS. MAKE COPIES ON YOUR LETTERHEAD AS NEEDED.

FORMS

See next page for where to find detailed instructions for each form and form letter.

FORM LETTERS

The "Originals Packet" contains clean copies of all letters you are required to use to notify vendors about applications, contracting and warnings.

- ** These form letters meet all the notification requirements established by Federal regulation and the state WIC office. (You may develop your own letters, but they must include all the information contained in the standard letters.)
- ** When you use these letters, print them on your own letterhead using the blank form letters in the "Originals Packet". Be sure to include a phone number and the name of a contact person.

VENDOR FORMS AND FORM LETTERS

| FORM/LETTER | WHERE TO GET IT | INSTRUCTIONS |
|---|--|---|
| <u>SELECTION</u> | | |
| Participant shopping survey | Originals Packet | DETERMINING NEED FOR VENDORS section of Procedure Manual |
| Vendor selection plan | Originals Packet | THE VENDOR SELECTION PLAN section of Procedure Manual |
| <u>APPLICATIONS</u> | | |
| Application packet receipt | Originals Packet | DISTRIBUTING VENDOR APPLICATIONS section of PM |
| Mandatory minimum checklist | SA sends to you; also included in Originals Packet | THE MANDATORY MINIMUM section of Procedure Manual |
| <ul style="list-style-type: none"> - food vendors - pharmacies | | |
| Composite price calculation | SA sends to you; also included in Originals Packet | DETERMINING COMPOSITE PRICES section of Procedure Manual |
| <ul style="list-style-type: none"> - food vendors - pharmacies | | |
| <u>ACCEPTANCE AND REJECTION</u> | | |
| Letters | | |
| <ul style="list-style-type: none"> - late application - acceptance - rejection - return of stamp | Originals Packet Originals Packet Originals Packet Originals Packet | RECEIVING VENDOR APPLICATIONS section of Procedure Manual VENDOR ACCEPTANCE AND REJECTION section of Procedure Manual VENDOR ACCEPTANCE AND REJECTION section of Procedure Manual THE WIC VENDOR STAMP section of Procedure Manual |
| Stamp receipt | Originals Packet | VENDOR AUTHORIZATION section of Procedure Manual |
| Vendor input form | Order from SA | ENTERING A VENDOR INTO THE COMPUTER FILES, CHANGING VENDOR INFORMATION, and TERMINATING VENDORS section of Procedure Manual |
| <u>MONITORING</u> | | |
| Comment/complaint form | | |
| <ul style="list-style-type: none"> - participants - vendors | Originals Packet Originals Packet | COMMENTS AND COMPLAINTS FROM PARTICIPANTS section of PM COMMENTS AND COMPLAINTS FROM VENDORS section of PM |
| Home delivery survey form | Originals Packet | HOME DELIVERY section of Procedure Manual |
| Review forms | | |
| <ul style="list-style-type: none"> - food vendors - pharmacies | Originals Packet Originals Packet | VENDOR REVIEWS section of Procedure Manual VENDOR REVIEWS section of Procedure Manual |
| Warning letters | | |
| <ul style="list-style-type: none"> - participant complaint - vendor review - other known abuses - vendor specialist follow-up | Originals Packet Originals Packet Originals Packet Originals Packet | VENDOR SANCTIONS section of Procedure Manual VENDOR SANCTIONS section of Procedure Manual VENDOR SANCTIONS section of Procedure Manual VENDOR SANCTIONS section of Procedure Manual |

RECORDKEEPING

KEEP MOST OF YOUR PROGRAM'S RECORDS FOR SEVEN YEARS FROM THE END OF THE FISCAL YEAR TO WHICH THEY PERTAIN.

Keep records readily available for 3 1/2 years from the end of the fiscal year to which the records pertain. After that, you may store them off-site.

Destroy files according to the following timetable:

| <u>Files that pertain to:</u> | <u>You may destroy on or after:</u> |
|-------------------------------|-------------------------------------|
| FY 80 (10/79 - 9/80) | September 30, 1987 |
| FY 81 (10/80 - 9/81) | September 30, 1988 |
| FY 82 (10/81 - 9/82) | September 30, 1989 |
| FY 83 (10/82 - 9/83) | September 30, 1990 |
| FY 84 (10/83 - 9/84) | September 30, 1991 |
| FY 85 (10/84 - 9/85) | September 30, 1992 |
| FY 86 (10/85 - 6/86) | June 30, 1993 |
| FY 87 (7/86 - 6/87) | June 30, 1994 |
| FY 88 (7/87 - 6/88) | June 30, 1995 |
| FY 89 (7/88 - 6/89) | June 30, 1996 |
| FY 90 (7/89 - 6/90) | June 30, 1997 |
| FY 91 (7/90 - 6/91) | June 30, 1998 |

You may have to keep these files longer if the state WIC office or the USDA Food and Nutrition Service requests in writing that you do so.

See the following sections for detailed instructions on participant, food delivery, fiscal and administrative recordkeeping.

PARTICIPANT RECORDS

KEEP MOST PARTICIPANT RECORDS FOR SEVEN YEARS FROM THE END OF THE FISCAL YEAR TO WHICH THEY PERTAIN.

MAINTAIN SEPARATE FILING SECTIONS FOR EACH OF THE FOLLOWING CATEGORIES OF PARTICIPANTS:

1. ACTIVE PARTICIPANTS
2. TERMINATED PARTICIPANTS
4. APPLICANTS WHO DID NOT KEEP INITIAL CERTIFICATION APPOINTMENT
3. APPLICANTS NOT ELIGIBLE BEFORE OR AT INITIAL CERTIFICATION
5. APPLICANTS AND PARTICIPANTS ON THE WAITING LIST

KEEP FOR SEVEN YEARS:

1. Participant applications (medical referral forms and any other application forms you use) from applicants who:
 - never kept their initial certification appointment
 - were found to be ineligible prior to a certification appointment
 - were found ineligible at the initial certification appointment.
 - were on your waiting list but never received a certification appointment.
2. Participant certification records, including:
 - * Medical referral forms
 - * State-produced certification and assessment forms
 - * Income eligibility forms
 - * Affidavits of participant rights and responsibilities
 - * Any other forms you use to certify a participant
3. Completed interagency transfer forms. Keep these with the participant's certification records.
4. Fair Hearing requests, correspondence and decisions. Keep these with the participant's or applicant's records.

DO NOT KEEP:

- o Blank applications returned to you by the post office for wrong address, addressee unknown, etc.

Dispose of them upon receipt unless you are able to obtain the correct mailing information.

- o Applications you are unable to follow up on due to incomplete or missing addresses.

Keep them until the medical information provided can no longer be used to determine the person's eligibility.

- o Applications with incomplete or outdated medical information.

Return them to the applicant for completion unless you are able to obtain the needed information yourself.

FOOD DELIVERY RECORDS

KEEP MOST FOOD DELIVERY RECORDS FOR SEVEN YEARS FROM THE END OF THE FISCAL YEAR TO WHICH THEY PERTAIN.

VOUCHER RECORDS

Keep For Seven Years:

1. Voucher transmittal records
2. Voucher registers
3. Signed input form copies
4. Manual voucher inventory log
5. Void logs
6. Participant reports (fiche or hard copy)
7. Monthly inventory of manual vouchers

Do Not Keep:

- o Weekly participant and manual voucher reports. Keep only until errors are corrected.
- o Monthly Participant ID Listing. Keep only until next listing is issued.

VENDOR RECORDS

See the VENDOR FILES AND REPORTS section of this Procedure Manual for complete instructions on vendor recordkeeping.

FISCAL RECORDS

KEEP CONTRACTS, MONTHLY EXPENDITURE REPORTS AND EXPENDITURE DOCUMENTATION FOR SEVEN YEARS FROM THE END OF THE FISCAL YEAR TO WHICH THEY PERTAIN.

FOLLOW ALL ACCOUNTING AND REPORTING POLICIES AS DIRECTED BY THE WIC FISCAL UNIT AND THE DEPARTMENT OF PUBLIC HEALTH'S CENTRAL CONTRACTS UNIT.

CONTRACTS

The complete contract between the state and local agencies consists of:

- Master Agreement
- Attachment A: Statement of Work and Objectives
- Attachment B: Statement of Fiscal Conditions (RSC Budget 600-B)
- Attachment C: Statement of Reports and Applicable Statutes
- Attachment D: Contract Authorization and Financial Disclosure
- EOHS General Conditions

Contract forms and instructions are sent to you by the DPH Central Contracts Unit prior to the beginning of each fiscal year.

MONTHLY EXPENDITURE REPORTS

Monthly Expenditure Report forms and instructions are sent to you by the DPH Central Contracts Unit prior to the beginning of each fiscal year. In addition, clean copies of these forms are included in the Original Packet so you can make copies as needed.

Documenting Nutrition Education Expenses

Federal regulations require that at least one-sixth of your administrative expenditures be for nutrition education. Use the "Nutrition Education Expenses" form for this purpose.

Documenting Service Delivery

Use the WIC "Service Delivery Report" for this purpose.

PROPERTY MANAGEMENT

You and the state agency are responsible for maintaining complete and accurate accounts of all property purchased by WIC and used by your program. Several forms are provided to you for this purpose.

Receipt of Equipment Notice

Use the "Receipt of Equipment Notice" to notify the state agency that you have received equipment.

- o Fill out the form completely, describing the item, indicating who signed for it, and noting which site it will be used at.
- o Attach the packing or delivery slip to the "Receipt of Equipment Notice" and return both to the person indicated on the bottom of the slip.

Property Management Report

Once a year, the state agency sends you a Property Management report. This report includes a separate section for each site operated by your program. It should list every piece of equipment belonging to your program at the time the report is issued.

When you receive the report, go to each site and carefully check to make sure that every item on the list is still in your possession. Fill in any blank spaces, especially the items marked with an asterisk below:

Description of Equipment

I.D. Number

Acquisition date (FY)

Acquisition cost

Property funding source (%) This line indicates who paid for the item:

- WIC The item was purchased for your local program.
- SA The item was purchased for the state agency.
- WIC-SA The item was purchased by the state agency for the local program.

- * Location Indicate where the item is currently located in your program: director's office, nutritionist's office (if more than one, number them), waiting room, agency administrative office, etc. Use abbreviations as necessary. If the item is lost or stolen, leave the line blank and check "NO" under availability.
- * Availability Check whether you actually have the item in your program. If it is in storage, check "NO".
- * Condition of Equipment Write a brief discription of the condition.
- * Description Use this space for any other identifying remarks about the item: color, size (2-drawer, 42", single-pedestal, etc.), brand (IBM Selectric, etc.), or type (beam-balance, etc.)

When you return your amended form to the state office, it will be corrected and returned to you. Keep it on file until the next one is issued.

See next page for a sample Property Management report.

SAMPLE COMPLETED PROPERTY MANAGEMENT REPORT

MASSACHUSETTS WIC PROGRAM

PROGRAM NAME Newville WIC, Newville site, p. 1

| Description of Equipment | I.D. Number | Acqui-sition date(FY) | Acqui-sition cost | Property funding source(%) | Location | Availa-bility | | Condition of Equipment | Description |
|--------------------------|--|--------------------------------------|--|---------------------------------------|--|-----------------------|----|--------------------------------------|---|
| | | | | | | YES | NO | | |
| 1 desk | 015-1 WIC | 1979 | 144.37 | WIC | Dir office | x | | Good | Double-pedestal |
| 2 desk chairs | 015-2 WIC | 1979 1983 | 115.34 80.45 | WIC WIC-SA | Dir office Nutr ofc 3 | x x | | Good Good | W/out arms Tan/brown, w/out arms |
| 5 side chairs | 015-16 WIC 015-17 WIC 015-18 WIC 015-19 WIC 015-20 WIC | 1984 1984 1984 1984 1984 | SA SA SA SA SA | SA SA SA SA SA | Wait room Wait room Wait room Wait room Wait room | x x x x x | | Good Good Good Good Good | W/ arms, orange upholstered W/out arms; orange upholstered W/out arms; orange upholstered W/out arms; orange upholstered W/out arms; orange upholstered |
| 5 file cabinets | 015-3 WIC | 1979 1981 1981 1983 1984 | 156.40 187.45 121.61 107.50 167.85 | WIC WIC WIC WIC-SA WIC-SA | Dir office Dir office Dir office Nutr ofc 1 Nutr ofc 2 | x x x x x | | Poor Good Good Good Good | 4-drawer 4-drawer 2-drawer 2-drawer; putty 4-drawer; tan |
| 2 bookcases | 015-5 WIC | 1979 1984 | 94.24 66.15 | WIC WIC-SA | Dir office Nutr ofc 1 | x x | | Good Good | 42" putty |
| 1 work table | 015-12 WIC | 1984 | 136.72 | WIC-SA | Library | x | | Good | 36 x 24, tan/teak |
| 1 infant scale | 015-11 WIC | 1982 | 172.00 | WIC-SA | Nutr ofc 1 | x | | Good | ADCO beam balance |
| 3 child boards | 015-7 WIC 015-8 WIC 015-9 WIC | 1982 1982 1982 | 33.00 33.00 33.00 | WIC-SA WIC-SA WIC-SA | Nutr ofc 1 Nutr ofc 2 Nutr ofc 3 | x x x | | Good Good Broken | |
| 1 infant board | 015-10 WIC | 1982 | 33.00 | WIC-SA | Nutr ofc 1 | x | | Good | |
| 1 fiche viewer | 015-13 WIC | 1978 | 125.00 | WIC-SA | Dir office | x | | No glass | Quantor 304 |
| 1 typewriter | 015-6 WIC | 1979 | 600.00 | WIC | Prog asst | x | | Sticks | IBM Selectric |
| 1 slide-tape projector | 015-4 WIC | 1980 | 359.95 | WIC | travels | x | | Good | Telex Caramate 3200 |
| 2 fans | 015-14 WIC 015-15 WIC | 1981 1981 | 34.95 34.95 | WIC WIC | Wait room Prog asst | x x | | Good Good | Sears 1100 Sears 1100 |

Signature Ana Silva Title Program Director Date 11/17/87

ADMINISTRATIVE RECORDS

KEEP A RECORD OF YOUR PROGRAM'S WAITING LIST STATUS FOR SEVEN YEARS FROM THE END OF THE FISCAL YEAR TO WHICH IT PERTAINS.

KEEP THE CURRENT YEAR'S: NUTRITION EDUCATION ACTION PLAN, STATE PLAN, WIC MEMOS, AND EMPLOYMENT RECORDS.

KEEP FOR SEVEN YEARS:

1. Records of your program's Waiting List at any given time. Keep Waiting List Confirmation Letters in this file.

KEEP FOR THE CURRENT YEAR:

1. Your program's Nutrition Education Action Plan.
2. State WIC memos from this year and the prior fiscal year.

Keep in order by WIC memo number. You may also xerox copies to keep in a subject file (nutrition, fiscal, etc.)
3. State Plan.

Update as directed by the state office.

See THE STATE PLAN section in this Procedure Manual.
4. Employee records.

Keep them according to your agency's policy.

CASELOAD MANAGEMENT

MAKE EVERY EFFORT TO REACH AND MAINTAIN YOUR ASSIGNED CASELOAD BY REGULATING THE NUMBER OF PARTICIPANTS YOU ACTIVELY SERVE.

DEVELOP A WAITING LIST PLAN IF YOUR ACTIVE CASELOAD REACHES AND EXCEEDS YOUR ASSIGNED CASELOAD.

ACTIVE CASELOAD

"Active caseload" is the number of women, infants and children eligible to receive vouchers each month from your program.

To determine your active caseload at the end of a calendar month:

STEP 1:

- o Take the active participation figure from your most recent computer Participant Report

AND

STEP 2: (CHOOSE ONE OPTION)

- o Add the number of initial certifications (Trans. Type 1's) and the number of reverse terminations of inactive participants (Trans Type 2's) completed since the computer input cut-off date through the last day in that month.
- o Subtract the number of participants taken off your active caseload (Trans. Type 2's) between the computer input cut-off date and the last day of that month.

OR

- o Count the number of packages of manual vouchers you will write the next month for participants not receiving computer-generated vouchers due to enrollment or reverse termination after cutoff or due to Type 1 input error.
- o Subtract the number of packages of computer-generated vouchers which will not be issued next month due to termination since input cutoff.

ASSIGNED CASELOAD

"Assigned caseload" is the number of participants which the state office contracts with your program to serve each month. It is based on:

1. food dollars available
2. administrative dollars available
3. the relative need of your community based on presenting need and the Needs Assessment estimate of eligible persons.
4. your program's management capacity.

See the DETERMINATION OF PROGRAM COSTS section of the State Agency Operations Manual (Part 3 of the State Plan) for a detailed description of the state agency's resource allocation plan.

MONTHLY PARTICIPATION

"Monthly participation" is the total number of women, infants and children picking up vouchers based on the voucher issue month. For example, if a participant's vouchers are dated July 20, report her as a participant for July even if s/he picks them up on August 4.

Total monthly participation for a particular reporting month can be counted upon expiration of all the vouchers issued for the month, i.e., 30 days after the last issuance date. For example, if the last issuance date is July 20, July's participation can be counted on August 19.

To determine your monthly participation, count the number of computer and manual vouchers picked up by participants for the reporting month. Use a method that provides the most convenient and accurate reporting.

Suggested methods for counting participation are:

Computer vouchers

- o Using the Voucher Register, count the number of participants who picked up one or more computer vouchers for the reporting month.

OR

- o Using the Voucher Register, count the number of fully voided packages for the report month. Subtract this number from the total number of participants listed at the end of the Voucher Register. Also subtract the number of participants with packages 299 and 699 since they are included in the total number at the end of the Voucher Register but do not receive computer vouchers. The remainder is the number of participants who picked up one or more computer vouchers.

Manual Vouchers

- o Using the Manual Voucher Log, count the number of participants who picked up one or more manual vouchers dated with the report month (Issue Month, not Distribution Date).

OR

- o Using manual voucher input form copies, count the number of participants who picked up one or more manual vouchers with an issue date the same as the report month.

Note: Be careful not to double-count participants receiving 2 combined manual voucher packages or receiving a combination of computer and manual vouchers.

Use the "Manual Count of Monthly Participation" form to report participation each month. See the Originals Packet for a copy of this form. Complete and mail it to the state WIC office as soon as all vouchers for the report month have expired, but not later than the 28th of the month following the report month.

DEVELOPING A WAITING LIST PLAN

A WAITING LIST IS A LIST OF APPLICANTS AND PARTICIPANTS WHO CANNOT BE ASSESSED AND CERTIFIED BECAUSE YOUR PROGRAM HAS REACHED OR EXCEEDED ITS ASSIGNED CASELOAD.

A WAITING LIST PLAN DESIGNATES THE PRIORITIES YOUR PROGRAM CAN SERVE WITHOUT EXCEEDING ITS ASSIGNED CASELOAD. APPLICANTS AND PARTICIPANTS IN PRIORITIES NOT INCLUDED IN THE WAITING LIST PLAN ARE PUT ON A WAITING LIST.

DEVELOP A WAITING LIST PLAN WHEN YOU HAVE REACHED OR EXCEEDED YOUR ASSIGNED CASELOAD.

IMPLEMENT YOUR WAITING LIST WHEN:

1. YOU HAVE CALLED THE STATE WIC OFFICE TO DISCUSS STARTING A WAITING LIST, AND
2. THE STATE WIC OFFICE HAS APPROVED YOUR WAITING LIST PLAN IN WRITING.

REVIEW AND EVALUATE YOUR WAITING LIST PLAN REGULARLY.

KEEP A RECORD OF YOUR WAITING LIST PLAN.

DETERMINING THE WAITING LIST PLAN

To determine the appropriate waiting list plan for your program, take into account the following:

1. The number of persons actively participating on the program in each priority
2. The number of new applicants you expect to receive from each priority
3. The number of persons you expect to take off your program each month due to regular terminations as well as those you would terminate at repeat certifications if you implemented a waiting list plan.
4. The number of applicants you can certify within one month.

For example: If your waiting list plan is I - IV, you must be able to accept all eligible applicants in Priorities I through IV at initial certification as well as be able to retain participants in Priorities I - IV at repeat certifications.

New applicants and participants due for recertification in Priorities V and VI can apply for the program but will remain on your waiting list either until their applications expire or until you formally change your waiting list plan.

- ** This works if the number of caseload slots available in a given month is approximately the same as the number of applicants and participants due for recertification within the waiting list plan priorities.
- ** This does not work when the number of applicants for initial or repeat certifications within the waiting list priorities is more than the number of available slots within a given month. In this case, calculate whether you:

- o can take only a percentage of applicants for certification or recertification within the lowest priority in your waiting list plan

OR

- o cannot take any applicants for certification or recertification within the lowest priority in your waiting list plan.

1. If you can take only a percentage of applicants for initial and repeat certifications within the lowest priority, terminate participants within this priority at the end of their certification period in order to allow applicants on the waiting list in the same priority an opportunity to be certified. The terminated participants may reapply and be put on the waiting list and may be given certification appointments after all applicants ahead of them on the waiting list have received appointments.

Although this results in interrupted service for the terminated participants, it assures that all applicants, whether applying for an initial or repeat certification, are processed equitably within a given priority. Call the state office for technical assistance.

2. If you cannot certify any applicants within the lowest priority, alter your waiting list plan to include fewer priorities.

REVIEWING AND EVALUATING YOUR WAITING LIST PLAN

1. Follow your waiting list plan consistently for six months.
2. Look at your active caseload each month to determine how close you are to your assigned caseload.
3. If you find that your waiting list plan is not effective in managing your caseload, call the state WIC office to discuss the possibility of changing it.

KEEPING A RECORD OF YOUR WAITING LIST PLAN

Wait until you receive verbal as well as written confirmation from the state office before you:

1. initiate a waiting list
2. alter your waiting list.

Keep waiting list confirmation letters on file for seven years from the end of the fiscal year to which they pertain.

MANAGING A WAITING LIST

TELL ANYONE WHO INQUIRES ABOUT APPLYING FOR WIC THAT YOU HAVE A WAITING LIST, BUT THAT S/HE HAS THE RIGHT TO APPLY FOR WIC WHETHER OR NOT S/HE IS IN A PRIORITY YOU CURRENTLY SERVE.

SCHEDULE CERTIFICATION APPOINTMENTS FOR APPLICANTS WHO ARE IN PRIORITIES YOU SERVE IN ORDER FROM HIGHEST TO LOWEST PRIORITY.

PUT APPLICANTS WHO ARE IN PRIORITIES YOU DO NOT SERVE, OR ONLY PARTIALLY SERVE, ON A WAITING LIST.

ESTABLISH A CONSISTENT SYSTEM FOR MANAGING YOUR WAITING LIST.

PROCESSING APPLICATIONS WITH A WAITING LIST

1. Tell persons who wish to apply for the WIC Program that you have a waiting list. (You might want to screen the person's income at this point.)
2. Send or give the person the appropriate medical referral form(s).
3. When you receive the completed medical referral form, note the date of receipt, review the form, and assign a priority to the applicant.
4. If the medical referral form is complete and up to date and a nutritional risk factor is not obvious, assign all infants and children the lowest priority for their category, and assess all pregnant and nursing women to determine their actual priority.

** IF AN APPLICANT IS IN A PRIORITY YOU DO CURRENTLY ACCEPT, EITHER:

- o Give her/him an initial certification appointment which is within 20 days of your receipt of the completed medical referral form (or within 10 days if a Priority I prenatal woman)

or

- o Put her/him on your waiting list:

1. Send or give the applicant a "WAITING LIST NOTIFICATION LETTER".

See the NOTIFICATION OF WAITING LIST STATUS section of this Procedure Manual.

2. Note on the medical referral form that you have sent the waiting list letter or attach a copy of the letter to the medical referral form.
3. When an initial certification appointment becomes available, send the applicant notification of the appointment. If the medical information on the medical referral form is out of date, obtain new information.

**** IF AN APPLICANT IS IN A PRIORITY YOU DO NOT CURRENTLY ACCEPT:**

- o Put the applicant on your waiting list:

1. Send or give the applicant a "WAITING LIST NOTIFICATION LETTER".

See the NOTIFICATION OF WAITING LIST STATUS section of this Procedure Manual.

2. Note on the medical referral form that you have sent the waiting list letter or attach a copy of the letter to the medical referral form.
3. Explain to the applicant that s/he should notify you if her health changes in a way that might change her WIC priority.
4. Keep these applicants on your waiting list until their applications expire. If you have an approved change in your waiting list plan that will allow you to accept applicants at their priority, and if their applications have not expired, give them an appointment for initial certification.

APPLICATIONS ON THE WAITING LIST EXPIRE:

| | |
|--------------------------------|---|
| Infants and children: | 6 months from receipt of completed medical referral form or when the child turns five years old (whichever comes first) |
| Pregnant women: | the expected delivery date |
| Nursing women: | 6 months from receipt of completed medical referral form or 1 year from delivery date (whichever comes first) |
| Postpartum, non-nursing women: | 6 months from delivery date |

ADMINISTERING YOUR WAITING LIST

1. File medical referral forms for applicants scheduled for an initial certification appointment within 20 days:
 - o Chronologically, by appointment date
- OR
- o Alphabetically, by applicants' names.
2. File completed medical referral forms for applicants on the waiting list by priority. Within each priority, file the forms by expiration date.
3. On a regular basis, remove expired medical forms from the waiting list file.
4. For participants terminated at repeat certification and put on the waiting list, file their record in the "Terminated" file and file the following with your waiting list:
 - o complete and prioritized Medical Referral Form
- OR
- o record of name, address, telephone number, date of birth, status (W1, W2, W3, I or C), anthropometric and hematological data, priority, and date put on waiting list.

NUTRITION EDUCATION ACTION PLAN

EVALUATE YOUR PROGRAM'S NUTRITION SERVICES EACH YEAR TO MAKE SURE YOU ARE PROVIDING ACCURATE, APPROPRIATE AND CONSISTENT NUTRITION CARE TO ALL PARTICIPANTS, AND TO ENSURE HIGH STANDARDS OF QUALITY.

USE THE NUTRITION EDUCATION ACTION PLAN AS A PLAN OF ACTION FOR ADDRESSING AREAS OF CONCERN.

SUBMIT A NUTRITION EDUCATION ACTION PLAN AND TWO NUTRITION EDUCATION ACTION PLAN PROGRESS REPORTS TO THE STATE OFFICE AT SPECIFIED INTERVALS.

The Senior Nutritionist is responsible for submitting the NEAP and for responding to the state WIC office regarding requested revisions and/or progress reports.

CHOOSING YOUR NUTRITION GOALS

The Nutrition Education Action Plan reflects your program's nutrition goals for the upcoming year.

** Develop at least two goals using the following procedure:

1. Conduct a needs assessment to identify specific areas of concern
2. Prioritize these areas
3. Focus your action plan on the area(s) of greatest concern.

** Submit 2 NEAP progress reports to the state WIC office at specified intervals.

COMPLETING THE NEAP FORM

1. GOALS State the desired outcomes and overall impact of your plan.
2. OBJECTIVES State the intended outcomes in more specific terms.
 - * Write each objective in REALISTIC terms, and make sure each one is an explicit step toward meeting your goal.
 - * Make sure each objective addresses WHAT will happen, WHO it will be directed towards, HOW it will be done, and WHEN it will be completed.
 - * Specify the change you are expecting in MEASURABLE terms. Stating that something will be increased, decreased, or provided is not specific enough.
3. METHODS AND MATERIALS Outline the tasks, materials and personnel you will use to perform the activities.
4. EVALUATION PLAN Explain how you will determine progress and measure the success of your objectives.
5. EXPECTED COMPLETION DATE List the projected completion date for each task and objective.

See next page for a sample completed Nutrition Education Action Plan.

Sample completed Nutrition Education Action Plan

PROGRAM NAME Utopia WIC Program *

GOAL A: TO PROMOTE BREASTFEEDING AS THE OPTIMAL SOURCE OF NOURISHMENT FOR INFANTS.

| OBJECTIVES | METHODS AND MATERIALS | EVALUATION PLAN | EXPECTED COMPLETION DATE |
|---|---|---|---|
| 1. By June 1989, Increase the number of breast-feeding women enrolled in WIC by at least 35% above the June 1988 level. | a. Senior Nutritionist (with input from nutrition staff) will develop a protocol for prenatal breast-feeding education at initial certification. | 1) Determine from the Participant Report the number of breastfeeding mothers and calculate percent increase. | a. 6/88 1) 6/89 |
| | b. Program and nutrition staff will coordinate efforts to offer at least one prenatal follow-up with a nutritionist prior to delivery to discuss breastfeeding preparation. | 2) Randomly select 10% of prenatal women due to deliver and determine number of scheduled visits with a nutritionist. | b. Ongoing 2) 2/89 |
| | c. Nutritionists will offer monthly breastfeeding support groups for mothers interested in breastfeeding and mothers who are breastfeeding. | 3) Have on file completed format for support group and schedule for group meetings. | c. Beginning 1/89 and ongoing. 3) 1/89 |
| | d. Nutrition staff will develop and distribute questionnaire for breastfeeding support group. | 4) Obtain questionnaire results to determine helpfulness of support group to participants and to select future topics to cover. | d. 1/89 4) 3/89 and as needed |
| 2. Assure staff attendance at one or more breast-feeding-related inservices by June 1989. | a. Senior Nutritionist will provide inservice to entire staff on WIC's role in breastfeeding promotion and strategies. | 1) File inservice outline and attendance record. | 10/88 |
| | b. Nutrition staff will have access to at least one breastfeeding-related conference or experience (i.e., going on rounds with hospital's lactation consultant.) | 2) File attendance record for each staff person. | b. Ongoing 2) 6/89 |

* Adapted from Charlestown/Chelsea WIC

BREASTFEEDING PROMOTION AND SUPPORT

THE MASSACHUSETTS WIC BREASTFEEDING PROMOTION POLICY ADDRESSES THE FOLLOWING AREAS:

1. PARTICIPANT/NUTRITIONIST CONTACT
2. RELATIONSHIP WITH OTHER HEALTH CARE PROVIDERS
3. BREASTFEEDING EDUCATION RESOURCES
4. THE WIC FOOD DELIVERY SYSTEM
5. THE INFANT FORMULA INDUSTRY

THE MASSACHUSETTS WIC PROGRAM'S BREASTFEEDING POLICY IS BASED IN PART ON THE WORLD HEALTH ORGANIZATION'S CODE ON BREASTMILK SUBSTITUTES.

Massachusetts WIC is dedicated to promoting optimal nutrition practices among its participants. Since breastfeeding is known to provide the infant with numerous physiological, nutritional and psychological benefits, give all prenatal women an unequivocal endorsement of breastfeeding as the ideal method of feeding for most infants and provide them with complete and accurate information about breastfeeding techniques.

Provide all breastfeeding women with any necessary information and support, while also supporting the decision of women who have initiated bottlefeeding.

Breastfeeding counseling is challenging, informational and valuable for both mother and counselor. To be an effective counselor, communicate in a client-centered manner and be uninhibited and empathetic towards your participants.

Keep up-to-date with new findings in breastfeeding research and practice. See the 1986 WIC Breastfeeding Study for a list of useful breastfeeding resources.

See the following sections for complete policies and background materials for each of the five areas listed above.

PARTICIPANT/NUTRITIONIST CONTACT

PROVIDE EFFECTIVE BREASTFEEDING EDUCATION AND COUNSELING FOR PRENATAL AND POSTPARTUM WOMEN.

See the following Massachusetts WIC Program publications for specific guidelines for breastfeeding promotion and support:

- * Massachusetts WIC Program Breastfeeding Study (1986)
- * Guidelines for Providing Breastfeeding Support in Local WIC Programs (1988)

These reports provide information on targeting participants, topics to discuss, and formats to use when counseling prenatal and breastfeeding women.

See the following sections for guidelines on conducting prenatal and postpartum contacts.

PRENATAL CONTACTS

ENCOURAGE ALL PRENATAL PARTICIPANTS TO BREASTFEED BY:

1. PROVIDING COMPLETE AND ACCURATE INFORMATION REGARDING BREASTFEEDING BENEFITS AND TECHNIQUES.
2. PROVIDING AT LEAST ONE BREASTFEEDING CONTACT FOR ALL PRENATAL WOMEN, ESPECIALLY THOSE WHO ARE INTERESTED IN OR UNDECIDED ABOUT BREASTFEEDING.

Prenatal counseling for breastfeeding can have a positive effect on a woman's decision to initiate breastfeeding. According to the WIC Breastfeeding Study Report, women who indicated prenatally that they were interested in or undecided about breastfeeding and who received a prenatal breastfeeding contact showed an 11% increase in breastfeeding initiation (at hospital discharge) over women who were interested in or undecided about breastfeeding but who received no prenatal breastfeeding contact.

Follow these procedures when providing prenatal breastfeeding contacts. See also the Guidelines For Providing Breastfeeding Support in Local WIC Programs for information on scheduling and conducting contacts.

1. Schedule a breastfeeding contact.
 - * Conduct the contact during the woman's second trimester, not at her certification appointment.
 - * Provide more than one prenatal breastfeeding contact, if possible. Multiple contacts seem to have an even greater impact on breastfeeding initiation rates than do single contacts.
2. Choose the most effective counseling format.
 - * Phone, groups or individual counseling are all effective means for providing breastfeeding education. Consider the daily operations of your local program before choosing a counseling format; the best one is one that fits into your program's schedule and is minimally disruptive to program staff.

3. Use a self-completed questionnaire or other data collection tool to identify a woman's infant feeding plans, her knowledge attitude and sources of support for breastfeeding (see sample questionnaire in the Originals Packet).
4. Focus the counseling session on the individual's needs as identified in the questionnaire and on those topics found to:
 - relate strongly to increased rates of breastfeeding initiation and duration
 - be of common concern among women and adolescents
 - be of concern among certain ethnic groups.

See topic recommendations in the 1986 Massachusetts WIC Breastfeeding Study Report.

5. Distribute appropriate breastfeeding education materials. The more often you repeat the message in a variety of ways, the more likely it is to have an impact on the participant. Reinforce oral messages about breastfeeding with pamphlets, booklets, film strips, films and posters. See the BREASTFEEDING EDUCATION RESOURCES section of this Procedure Manual for more information.
6. Provide follow-up. Follow-up may be provided in the form of another prenatal contact to discuss breastfeeding (and any other issues of importance) or it may be incorporated into the postpartum certification appointment.

POSTPARTUM CONTACTS

ENCOURAGE ALL POSTPARTUM PARTICIPANTS TO CONTINUE BREASTFEEDING BY PROVIDING AT LEAST ONE POSTPARTUM BREASTFEEDING SUPPORT CONTACT FOR ALL BREASTFEEDING WOMEN.

Postpartum breastfeeding support contacts are associated with increased rates of breastfeeding duration. According to the Massachusetts WIC Breastfeeding Study Report, 45% of the women who initiated breastfeeding and who received a postpartum breastfeeding support contact breastfed longer than 4 months; of the women who initiated breastfeeding and who received no postpartum contact, only 25% breastfed longer than 4 months.

Follow these procedures when providing postpartum breastfeeding contacts. See the Guidelines for Providing Breastfeeding Support in Local WIC Programs for details on scheduling and conducting contacts.

1. Schedule a postpartum breastfeeding support contact.
 - * Schedule a postpartum certification and breastfeeding support appointment 1) at the last voucher pick-up, or 2) just before the woman's delivery date, or 3) during the postpartum phone call.
 - * Conduct the postpartum contact as soon after delivery as possible, preferably within the first 2 weeks after delivery. Integrate the postpartum breastfeeding support contact with the postpartum certification appointment.
2. Choose the counseling format (phone, group or individual) that best fits into the schedule of your local program and is minimally disruptive to the program staff. Individual or group sessions seemed equally effective in increasing rates of breastfeeding initiation according to the results of the Massachusetts WIC Breastfeeding Study, but groups had a decreased attendance rate due to lack of childcare.
3. Whenever possible, call postpartum women who were planning to breastfeed, preferably within 2-3 days of delivery. Ideally, new breastfeeding mothers will call the WIC office immediately after delivery, but if they don't, you will need to call them. The Massachusetts WIC Breastfeeding Study Report showed that the duration and incidence of breastfeeding were increased if women received a prenatal contact and an immediate post-delivery call.

4. Provide breastfeeding education and support during the postpartum certification appointment. Focus on the individual's needs as well as on those topics found to relate strongly to increased rates of breastfeeding duration and to be of common concern among women and adolescents. See recommendations in the 1986 Massachusetts WIC Breastfeeding Study Report.
5. Use a self-completed questionnaire or other data collection tool to identify a woman's infant feeding plans, her knowledge attitude and sources of support for breastfeeding (see sample questionnaire in the Originals Packet).
6. Distribute appropriate breastfeeding education materials. The more often you repeat the message in a variety of ways, the more likely it is to have an impact on the participant. Reinforce oral messages about breastfeeding with pamphlets, booklets, film strips, films and posters. See the BREASTFEEDING EDUCATION RESOURCES section of this Procedure Manual for more information.
7. Provide follow-up as needed, by phone, at secondary contacts, or during voucher pick-up. Although women generally experience more critical problems during the first few weeks of breastfeeding, it is equally important to address those issues which arise later on, such as plans for returning to work, collecting and storing breastmilk, or weaning the older baby.

RELATIONSHIP WITH OTHER HEALTH CARE PROVIDERS

DEVELOP EFFECTIVE RELATIONSHIPS WITH HEALTH CARE PROVIDERS TO ENCOURAGE
PRENATAL WOMEN TO BREASTFEED AND TO SUPPORT BREASTFEEDING WOMEN.

WIC participants' infant feeding decisions are greatly influenced by their health care providers, including obstetricians, pediatricians, family practitioners, obstetrical and pediatric nurses, midwives, nurse practitioners and physician assistants. To successfully promote and support breastfeeding among your participants, integrate your efforts with those of the participant's other health care providers by:

1. Informing health care providers about the role WIC plays in breastfeeding promotion and support so that health care providers will use you as a breastfeeding resource for their prenatal and breastfeeding patients who are on WIC.
2. Providing health care providers with current, accurate information about breastfeeding management and support to insure that participants receive consistent information from all sources.
3. Coordinating your nutrition education efforts with those of health care providers so that you can
 - reinforce each other's information, and
 - provide women with breastfeeding support as often as possible, especially at crucial times.

Follow the activities outlined below to ensure that all WIC nutritionists are developing productive relationships with health care providers in a consistent manner.

ACTIVITIES

The activities outlined below are divided into initial steps and follow-up activities. Many programs are already doing these steps in some form. How well your program implements these steps may depend on the receptiveness of local health care providers, the types of health care facilities in your area, and the time, expertise and resources of your staff.

OBJECTIVE 1: Inform local health care providers about the role WIC plays in breastfeeding promotion and support.

Initial Step: Send providers information about WIC's Breastfeeding Promotion Policy, using either state- or locally-produced materials. A sample letter and two flyers are included in the Originals Packet.

Follow-up Activities: Visit, phone or write local providers to tell them about WIC's Breastfeeding Policy. Provide them with the WIC breastfeeding poster and breastfeeding education pamphlets to distribute to their patients.

OBJECTIVE 2: Provide information about techniques of breastfeeding management and support.

Initial Step: Keep updated on new information about breastfeeding management and counseling by attending conferences and workshops and/or reading abstracts in newsletters, journals and other publications.

Follow-up Activities: Talk with health care providers about issues regarding individual participants, by phone or in person.

Organize an inservice on breastfeeding for local providers.

Participate in medical rounds or regularly scheduled inservices at your health care facility.

Send a questionnaire to local providers to determine their practices regarding breastfeeding counseling and support. See sample questionnaire in the Originals Packet. Use the results of the questionnaire as a needs assessment for other activities.

Send a list of professional resources on breastfeeding management and counseling to providers who request information.

OBJECTIVE 3: Coordinate your efforts with those of other health care providers.

Initial Steps:

Establish rapport with the providers who care for the majority of your prenatal and breastfeeding participants.

Discuss with providers the breastfeeding concerns and needs of specific participants who seem most in need of a coordinated approach to their care.

Follow-up Activities: Using questionnaire results, determine which providers are giving information and support which can be reinforced by WIC. Determine which providers seem receptive to efforts to increase coordination.

Work with area providers to set up a task force to promote and support breastfeeding.

Work with providers in your health center to develop a joint protocol. Establish who will contact patients at what times and designate issues to be discussed.

BREASTFEEDING EDUCATION RESOURCES

PROVIDE COMPLETE AND ACCURATE INFORMATION REGARDING BREASTFEEDING BENEFITS AND TECHNIQUES.

Reinforce breastfeeding education by using printed and audio-visual materials.

1. Make sure the written and audio-visual materials used are accurate, unbiased and culturally appropriate.
2. Make sure the content of educational materials is useful and appropriate to the situation and needs of the participant. Example:
 - * Use the "Thinking About Breastfeeding" pamphlet with women who are undecided about their feeding choice or who plan to breastfeed. This pamphlet provides information about the benefits of breastfeeding and diet during lactation.
 - * Use the "Breastfeeding: Getting Started" pamphlet with beginning breastfeeders and with women close to their expected delivery date who are planning to breastfeeding. It is designed to help women initiate successful breastfeeding practices, and includes information on breastfeeding techniques.
3. Use the E.M.P.O.W.E.R. manual (Evaluate Materials To Promote Optimal Use Of WIC Education Resources) to evaluate all materials not produced by the state WIC office.

General Instructions

1. The following instructions apply to all questions.

2. 10

3. The following instructions apply to all questions.

4. The following instructions apply to all questions.

5. The following instructions apply to all questions.

6. The following instructions apply to all questions.

7. The following instructions apply to all questions.

8. The following instructions apply to all questions.

THE WIC FOOD DELIVERY SYSTEM

ASSIGN APPROPRIATE INFANT FORMULA PACKAGES TO ENCOURAGE AND SUPPORT BREASTFEEDING PRACTICES.

ISSUE THE SMALLEST AMOUNT OF SUPPLEMENTAL FORMULA A BREASTFEEDING INFANT MAY NEED, TO MINIMIZE THE POSSIBILITY OF REPLACING BREASTMILK WITH FORMULA.

Encourage women to breastfeed while respecting women who choose to use formula. Follow these procedures when assigning infant formula packages:

1. Fully breastfed infants: Do not issue any formula to fully breastfed infants.
2. Partially breastfed infants: Give partially breastfed infants the smallest amount of supplemental formula needed to minimize the possibility of replacing breastmilk with formula.
3. Bottlefed and weaning infants: Give the full standard infant formula package to infants who are fully formula-fed or who are weaning (breastfeeding at least once a day and receiving 24 or more ounces of formula a day).

CHOOSING THE INFANT PACKAGE

The following chart summarizes the recommended packages for infants who are breastfed, bottlefed, or breast and bottlefed. Due to the difficulty of assessing the ounces or calories provided by breastmilk, infant packages are based on the amount of formula the infant consumes (assuming it is nutritionally appropriate). Infant cereal and juice are automatically added to the package in the month the infant turns 5 months old.

For a complete explanation of how to assign infant packages, please refer to the Food Package Tailoring Guide.

| IF THE INFANT GETS | S/HE IS CONSIDERED | AND GETS THIS PACKAGE | WHICH CONTAINS |
|---|----------------------------|-------------------------------------|--|
| Breastmilk only | Breastfeeding | Breastfeeding Only | No vouchers generated |
| Breastmilk plus 1-5 ounces of formula per day | Breastfeeding | Breastfeeding Formula Supplement | 1 (1 lb) can powdered or 2 six-packs (8 oz) cans RTF |
| Breastmilk plus 6-10 ounces of formula per day | Breastfeeding | Small Formula | 2 (1 lb) cans powdered or 4 six-packs (8 oz) cans RTF |
| Breastmilk plus 11-16 ounces of formula per day | Breastfeeding | Half-Standard Formula | 15 (13 oz) cans concentrate or 4 (1 lb) cans powdered or 13 (32 oz) cans RTF |
| Breastmilk plus 17-23 ounces of formula per day | Partially Breastfeeding | Three-Quarters Standard Formula | 24 (13 oz) cans concentrate or 6 (1 lb) cans powdered or 19 (32 oz) cans RTF |
| Breastmilk plus ≥ 24 ounces of formula per day | Weaning | Standard Formula | 31 (13 oz) cans concentrate or 8 (1 lb) cans powdered or 25 (32 oz) cans RTF |
| Formula only | Formula-fed | Standard Formula | 31 (13 oz) cans concentrate or 8 (1 lb) cans powdered or 25 (32 oz) cans RTF |

If the amount of formula a breastfed infant consumes falls within a range in which two possible formula packages could be issued, issue the formula package which would provide the smallest amount of formula daily. This may help encourage the mother to continue breastfeeding and prevent her from having excess formula on hand.

EXAMPLE: A two-month old breastfed infant is receives 8 to 12 ounces of supplemental formula a day. You could either:

- o issue the small formula package (#206) which provides approximately 8 ounces of formula a day

OR

- o issue the half-standard formula package (#204) which provides approximately 13 ounces of formula a day

Package 204 would provide more formula than the infant needs, which may cause the mother to give the infant extra formula or to substitute formula for breastmilk. The most appropriate food package to assign would be the small formula package 206 which would provide the infant with 8 ounces of formula a day and not be in excess of the infants maximum intake of 12 ounces.

There may be situations when a breastfeeding mother wishes to increase the amount of formula her infant receives, for example, she may be planning to return to work or school or be planning to wean her infant. In these cases, use your professional judgement when deciding on the most appropriate infant package to issue.

THE INFANT FORMULA INDUSTRY

THE WIC POLICY ON THE RELATIONSHIP BETWEEN THE WIC PROGRAM AND THE INFANT FORMULA INDUSTRY SUPPORTS THE FOLLOWING GOALS:

- PROMOTING BREASTFEEDING AS THE OPTIMAL METHOD OF INFANT FEEDING, AND
- PROVIDING FORMULA AND SUPPORT TO THOSE WOMEN WHO HAVE INITIATED BOTTLEFEEDING.

Provide all prenatal and postpartum participants with the information they need to make an informed decision about how to feed their infants.

Breastfeeding is acknowledged by the health community to be the optimal method of feeding for most infants. Use the following guidelines to ensure that all participants receive an unequivocal endorsement of breastfeeding that does not diminish your support of women who choose to bottlefeed.

WIC POLICY

IN ORDER TO BE ACCEPTABLE FOR USE IN WIC, ANY ITEM OR SERVICE OFFERED BY A FORMULA COMPANY MUST:

- COMPLY WITH THE WHO CODE OF MARKETING BREASTMILK SUBSTITUTES
- COMPLY WITH EXISTING MASSACHUSETTS WIC PROGRAM POLICIES
- BE NECESSARY FOR WIC PROGRAM OPERATION AND UNAVAILABLE ELSEWHERE AT A REASONABLE COST

THE WHO CODE ON MARKETING BREASTMILK SUBSTITUTES

The WHO Code is an internationally accepted code of behavior for the infant formula industry, government agencies, and health care workers. The aim of this code is:

" ... to contribute to the provision of safe and adequate nutrition for infants by the protection and promotion of breastfeeding and by ensuring the proper use of breastmilk substitutes, when these are necessary, on the basis of adequate information and through appropriate marketing and distribution."

EXISTING MASSACHUSETTS WIC PROGRAM POLICIES

Existing Massachusetts WIC policies regarding resource materials, appropriate professional behavior and voucher issuance are outlined in the E.M.P.O.W.E.R. booklet and the State Plan.

- Resource materials Existing Massachusetts WIC policy on resource materials is contained in the E.M.P.O.W.E.R. booklet. This booklet outlines in detail the guidelines for local programs to use when evaluating nutrition education materials for appropriateness and client-orientation. Briefly, material must comply with the WHO Code, be accurate, and be up to date.

- Appropriate professional behavior The LOCAL AGENCY RELATIONSHIP WITH LOCAL PROGRAM section of the Procedure Manual states that the local agency is responsible for ensuring that the local program:
 - o keeps the focus of program operations on participant need
 - o keeps the skills and knowledge of its staff current by requiring attendance at state-sponsored meetings, new staff trainings and inservices.
 - o maximizes the time devoted to participant certification and education
 - o designs all program activities to best serve participants.

Therefore, even though your staff may need access to materials which contribute to their professional education, make sure your interactions with formula company representatives do not conflict with the above policies.

- Voucher issuance The BREASTFEEDING PROMOTION AND SUPPORT section of the Procedure Manual states:

"Issue the smallest amount of supplemental formula (either vouchers or cans) a breastfeeding woman may need, to minimize the possibility of replacing breastmilk with formula."

NECESSARY FOR PROGRAM OPERATION AND UNAVAILABLE ELSEWHERE AT A REASONABLE COST

An item or service is considered necessary for the program operation if you need it to certify, educate and provide food to participants, and includes items for certification and for education of participants and staff.

An item or service is considered unavailable elsewhere at a reasonable cost if it or a similar item cannot be obtained from another source at an affordable cost. This decision depends on the resources available to your program. Keep in mind the need to use sources other than formula companies for items and services when planning your budget.

ITEMS AND SERVICES PROVIDED BY THE FORMULA INDUSTRY

USE THE FOLLOWING GUIDELINES FOR PRODUCTS AND SERVICES PROVIDED TO WIC BY THE FORMULA INDUSTRY:

- CANS OF FORMULA: KEEP OUT OF SIGHT AND USE ONLY ON AN EMERGENCY BASIS.
- OTHER ITEMS: DO NOT USE ITEMS FOR PARTICIPANTS AND PROFESSIONALS WHICH CONTAIN PRODUCT NAMES.
- SALES REPRESENTATIVES' VISITS: RESTRICT TIME TO THE MINIMUM NECESSARY TO RECEIVE INFORMATION AND ITEMS.

THE STATE OFFICE RECOMMENDS THAT YOU RECEIVE ONLY FORMULA FROM SALES REPRESENTATIVES, AND LET THE STATE OFFICE PROVIDE YOU WITH OTHER FORMULA INDUSTRY INFORMATION AND MATERIALS.

- LITERATURE: FOR PARTICIPANTS, USE ONLY LITERATURE WHICH IS ACCURATE AND UP-TO-DATE.

FOR PARTICIPANTS AND PROFESSIONALS, USE ONLY LITERATURE ABOUT INFANT FEEDING WHICH CONTAINS INFORMATION ABOUT THE BENEFITS AND TECHNIQUES OF BREASTFEEDING AND THE POTENTIAL EFFECTS OF EARLY FORMULA USE ON LACTATION.

The following sections outline the specific criteria for determining whether each formula industry item and service complies with each of the WIC guidelines.

ITEMS AND SERVICES RELATED TO INFANT FEEDING

ITEMS AND SERVICES RELATED TO INFANT FEEDING ARE:

- o CANS OF FORMULA
- o PARTICIPANT EDUCATION MATERIALS ABOUT INFANT FEEDING
(Pamphlets, posters, flipcharts, and audio-visuals)
- o PROFESSIONAL EDUCATION MATERIALS ABOUT INFANT FEEDING/NUTRITION
(Product manuals, conference proceedings, research findings,
newsletters, etc.)
- o VISITS BY FORMULA COMPANY REPRESENTATIVES

Use the criteria on the following chart to assess whether a specific item or service complies with the WIC guidelines.

SUMMARY OF ITEMS/SERVICES RELATED TO INFANT FEEDING

Item must meet criteria for all specified guidelines to be acceptable.

| ITEM/SERVICE | WHO CODE | EXISTING WIC POLICIES | NECESSARY/UNAVAILABLE ELSEWHERE |
|--|---|---|---|
| 1. Cans of formula | <ul style="list-style-type: none"> o Emergency only o To bottlefed infants only o Kept out of sight o Donations of special needs formulas should be continued as long as needed by infant | <ul style="list-style-type: none"> o Paperwork or time for certification unavailable | <ul style="list-style-type: none"> o Formula is only option o Program unable to purchase |
| 2. Participant education materials about infant feeding | <ul style="list-style-type: none"> o Content* o No product names | <ul style="list-style-type: none"> o Accurate, up to date | <ul style="list-style-type: none"> o Information is needed by participant o No reasonably priced alternatives |
| 3. Professional educational materials about infant feeding/nutrition | <ul style="list-style-type: none"> o If formula discussed: <ul style="list-style-type: none"> - scientific/factual - content* o No product names | | <ul style="list-style-type: none"> o Information needed by staff o Similar, affordable information unavailable from other sources |
| 4. Visits by formula company representatives | <ul style="list-style-type: none"> o No demonstrations or education to participants | <ul style="list-style-type: none"> o Visit does not replace time for certification and education | <ul style="list-style-type: none"> o To receive items acceptable according to this policy |

* WHO Code, Article 4.2.

- These items must include information on:
 - a) the benefits and superiority of breastfeeding
 - b) maternal nutrition, and the preparation for and maintenance of breastfeeding
 - c) negative effect on breastfeeding of introducing partial bottlefeeding
 - d) the difficulty of reversing the decision of not to breastfeed
 - e) where needed, the proper use of infant formula, whether manufactured industrially or home-prepared.
- When such materials contain information about the use of infant formula, they should include:
 - o the social and financial implications of its use
 - o the health hazards of inappropriate foods or feeding methods, and, in particular,
 - o the health hazards of unnecessary or improper use of infant formula and other breastmilk substitutes.
- Such materials should not use any pictures or text which may idealize the use of breastmilk substitutes.

5 THE STATE OFFICE RECOMMENDS THAT FORMULA COMPANY REPRESENTATIVES ONLY VISIT WIC PROGRAMS FOR THE PURPOSE OF DELIVERING FORMULA. THE STATE OFFICE WILL PROVIDE LOCAL WIC PROGRAMS WITH INDUSTRY INFORMATION AND MATERIALS.

ITEMS AND SERVICES NOT RELATED TO INFANT FEEDING

ITEMS AND SERVICES NOT RELATED TO INFANT FEEDING ARE:

- o GROWTH CHARTS
- o PARTICIPANT EDUCATION MATERIALS UNRELATED TO INFANT FEEDING
(Pamphlets, posters and audio-visuals on child development,
diapering, safety, etc.)
- o PROFESSIONAL EDUCATION MATERIALS UNRELATED TO INFANT FEEDING
(Newsletters, conference proceedings, informational films, etc.)
- o SPONSORSHIP OR CONTRIBUTION TO CONFERENCES, WORKSHOPS, COURSES
FOR WIC STAFF
- o ITEMS FOR OFFICE AND PERSONAL USE (Pens, notepads, name plates,
mugs, shoelaces, meals, etc.)

Use the criteria on the following chart to assess whether a specific item or service complies with the WIC guidelines.

SUMMARY OF ITEMS/SERVICES NOT RELATED TO INFANT FEEDING

Item must meet criteria for all specified guidelines to be acceptable.

| ITEM/SERVICE | WHO CODE | EXISTING WIC POLICIES | NECESSARY/UNAVAILABLE ELSEWHERE |
|--|---|------------------------|---|
| 1. Growth charts | o No product name | | o Necessary for certification o State Office provides acceptable charts. |
| 2. Participant education materials not related to infant feeding | o No product name | o Accurate, up to date | o Topics necessary for participant education o No reasonably priced alternative |
| 3. Professional education materials not related to infant feeding | o No product names | | o Information needed by staff o Similar, affordable information unavailable from other sources |
| 4. Sponsorship of or contribution to conferences, workshops, courses | o Disclose contribution to WIC agency | | o Topic must be necessary for staff education o Program unable to fund event o Other sources unavailable |
| 5. Items for office and personal use | o Not a material inducement o No product names | | o Must be needed for <u>program</u> operation o Program unable to buy similar items o Other sources unavailable to purchase items |

Massachusetts WIC Program VOUCHER SYSTEM MANUAL



THE COMMONWEALTH OF MASSACHUSETTS
Department of Public Health, Division of Family Health Services
Maternal and Child Health

Date of last
revision

V. FOOD DELIVERY (cont.)

A. VOUCHER SYSTEM (cont.)

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| 1) Using weekly participant management reports | <u>8/88</u> |
| a) WIC participant update listing | <u>8/88</u> |
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| c) WIC participant rejects listing | <u>8/88</u> |
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| a) Participant listing in participant ID number order | <u>7/87</u> |
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| a) WIC MV update listing | <u>8/88</u> |
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VOUCHER SYSTEM

PART V.A OF THE PROCEDURE MANUAL IS KNOWN AS THE VOUCHER SYSTEM MANUAL.

Although the Voucher System Manual is part of the Procedure Manual and the State Plan, it is also a separate document that stands on its own. You may request as many copies of the Voucher System Manual as you need for your staff and sites.

INTRODUCTION

THIS VOUCHER SYSTEM MANUAL PROVIDES YOU WITH STEP-BY-STEP INSTRUCTIONS ON USING THE COMPUTER SYSTEM WHICH PRODUCES VOUCHERS AND MANAGEMENT REPORTS.

If you need more information or have suggestions on how to improve this manual, please call the food delivery staff at the state WIC office.

OVERVIEW OF THE WIC VOUCHER SYSTEM

THE WIC VOUCHER SYSTEM PRODUCES FOOD VOUCHERS FOR ALL WIC PROGRAM PARTICIPANTS AND MANAGEMENT REPORTS FOR WIC PROGRAM STAFF.

THE MASSACHUSETTS WIC COMPUTER SYSTEM MAINTAINS INFORMATION ON PARTICIPANTS, VOUCHERS, AND VENDORS IN COMPUTER FILES CALLED "MASTERFILES".

The Massachusetts WIC Program computer system produces 1) food vouchers for all program participants, and 2) reports containing voucher and participant information for each local WIC program. Local WIC programs maintain this computerized participant filing system by regularly submitting information on their participants to the computer. (See diagram and more detailed description below.)

All of the computerized files (masterfiles) for the Massachusetts WIC Program are kept at the state's Bureau of Computer Services (BCS) in Boston.

Once a month, the BCS computer prints a month's supply of WIC food vouchers. Most of these vouchers are pre-printed with a WIC participant's name, and with a food message corresponding to each WIC participant's individual "food package". Other vouchers have food messages printed on them, but do not have a WIC participant's name. These "manual" vouchers are used when a new participant enters the program and needs vouchers immediately after certification, or when a participant requires a change in her/his existing food package.

The state WIC office contracts with a delivery service to distribute the vouchers to each local WIC program prior to the beginning of every calendar month. Along with the vouchers, the local WIC programs receive computer-generated reports to assist them in maintaining the computer masterfiles.

The local WIC programs distribute the vouchers to their participants during the month. The WIC food vouchers are like negotiable checks which participants use to purchase their entire month's supply of supplemental foods.

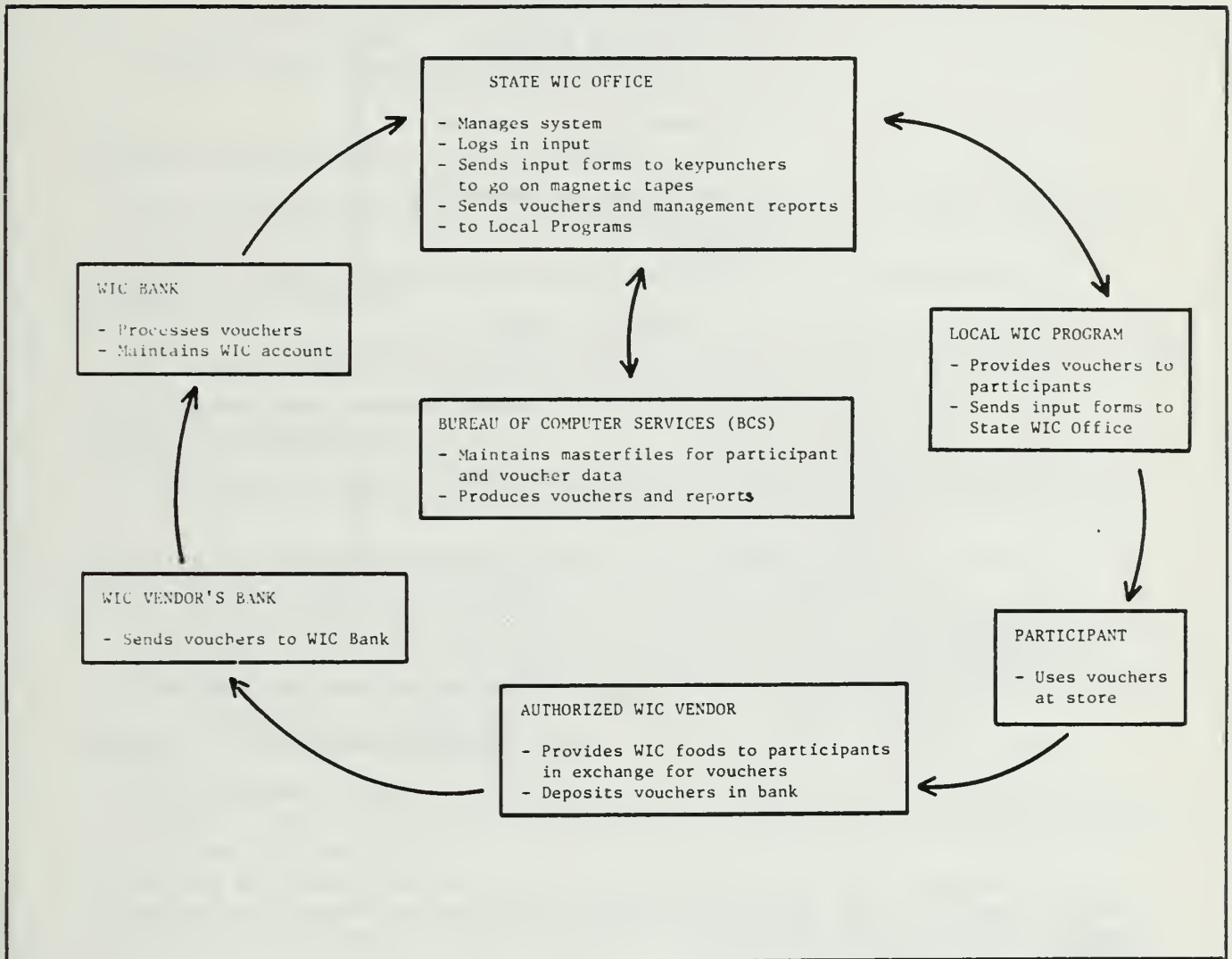
The local WIC programs throughout Massachusetts authorize grocery stores and pharmacies to accept WIC vouchers. WIC staff distribute vouchers to their participants on appointed pick-up days. Participants or their authorized representatives sign for the vouchers when they pick them up in the WIC office, and then use the vouchers throughout the month to purchase the prescribed food items at authorized WIC vendors.

A few rural programs throughout Massachusetts also authorize a small number of home delivery vendors. The participants still come to the WIC office to pick up their vouchers, but may contact an authorized dairy and have WIC foods delivered directly to their homes each week. When the food is delivered, the participant signs the voucher and gives it to the dairyman as payment.

In both systems, vendors deposit redeemed vouchers directly into their bank accounts as they would other checks. The vouchers are then credited to the vendors' bank accounts, and are paid by the Massachusetts WIC Program's central bank account.

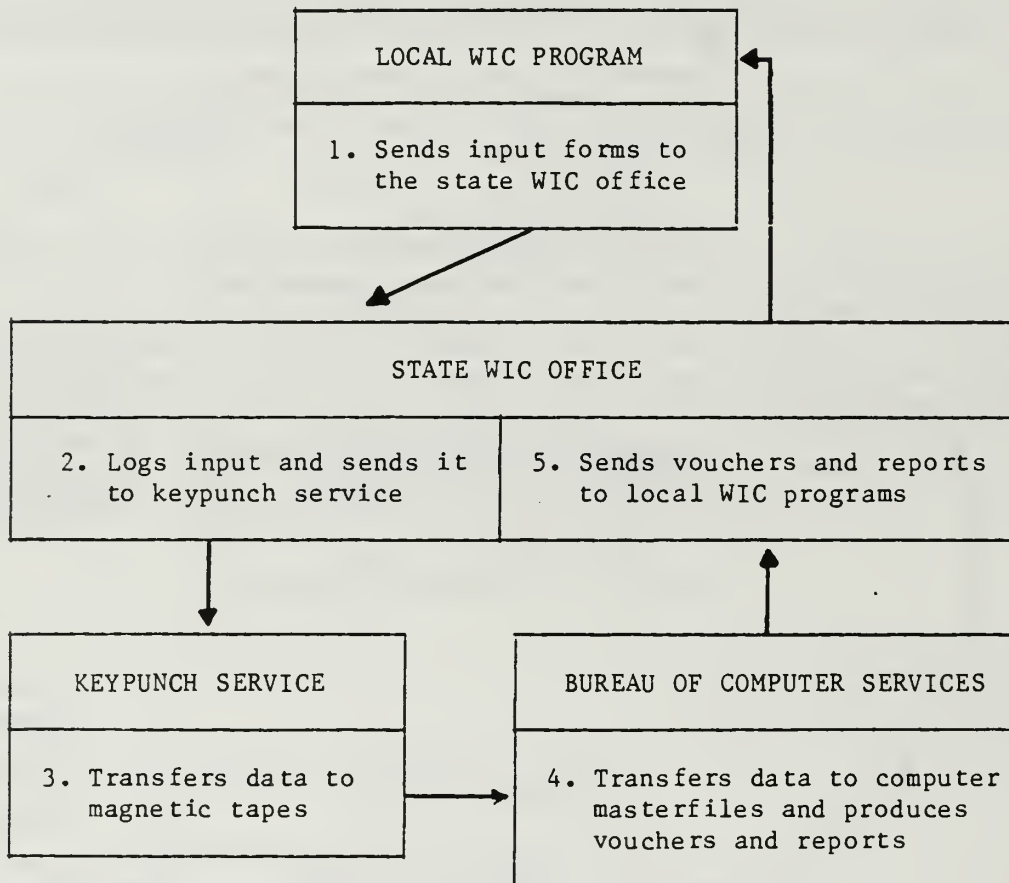
The computerized food delivery system is designed to provide "one-to-one reconciliation" of food vouchers issued: the issuance record of every voucher is matched to the record of the disposition of that voucher. Within ninety days of the voucher's issue date, each voucher is accounted for either as a distributed and cashed voucher, a distributed and uncashed voucher, a distributed voucher for which payment has been stopped, or an undistributed and voided voucher. The system allows matching the monthly bank statement for the food money account with the monthly report of expenditures for voucher issuance. This reconciliation process is handled by the state WIC office for all vouchers.

MASSACHUSETTS WIC VOUCHER SYSTEM



WHAT HAPPENS TO THE COMPUTER INPUT?

Voucher and report production begins with computer input and occurs in a specific cycle of timed events. Understanding the cycle and its timing will help you use the system more effectively.



The computer input forms are your link with the WIC computer system. The computerized files and the printed reports describing those files reflect exactly the information you submit on input forms. Therefore, submit information carefully and regularly.

The computer has three major files, each requiring a different input form:

- o Participant masterfile - Participant Input Form (white)
- o Voucher masterfile - Manual Voucher Input Form (white) or replacement MV input form (green)
- o Vendor masterfile - Vendor Input Form (yellow)

There are 5 steps in the input cycle:

1. Sending computer input
2. Logging the input forms
3. The keypunch operation
4. The computer operation - Bureau of Computer Services (BCS)
5. Sending vouchers and monthly reports.

Each of these steps is outlined below.

Sending Computer Input

Each local program site sends its computer input to the state WIC office using preprinted business reply mail envelopes.

Logging the Input Forms

State WIC staff keep the input log and record the date the input was picked up by the keypunch service.

The Keypunch Operation

The keypunch service picks up the input from the state WIC office and transfers the data on the input forms to magnetic tapes.

The Computer Operation - Bureau of Computer Services (BCS)

The keypunch service delivers the magnetic tapes to the state's Bureau of Computer Services (BCS), which uses the magnetic tapes to update the masterfiles, produce management reports, and create each month's vouchers.

Sending Vouchers and Monthly Reports

The state WIC staff sort, pack and label the vouchers and management reports, and a bonded delivery service transports the vouchers and reports to local WIC programs.

GLOSSARY

REFER TO THE LIST BELOW FOR DEFINITIONS OF MOST TERMS USED IN THE VOUCHER SYSTEM MANUAL.

FOR DEFINITIONS OF OTHER TERMS, SEE THE DEFINITIONS SECTION OF THE PROCEDURE MANUAL.

Active - status indicating that a participant is receiving preprinted vouchers.

Add - an input form completed to add a participant to the masterfile.

Batch - a group of input forms, collated by type of input and site.

Batching - the process of separating and collating input forms to be mailed to the state WIC office for further processing.

BCS - the Bureau of Computer Services, the computer operations center for the Commonwealth of Massachusetts.

Cash error - a manual voucher that has been issued to a participant and cashed by the bank, but for which there is no issuance record in the voucher masterfile.

Certification date - the date (month, day, year) that an applicant is determined eligible to participate in the WIC program.

Change - an input form completed to change information on a participant currently active on the masterfile.

Computer masterfile - data file stored in the computer which contains information about all Massachusetts WIC participants, vouchers, and vendors.

Critical field - an area of the input form which must be completed in order for the computer to post the information on the record to the masterfile. Outlined in heavy black type on the input form.

DPH town - one of the 351 Massachusetts cities and towns recognized by the Department of Public Health.

Dual participation - participation in more than one local WIC program and receiving benefits from each.

Edit - the WIC Manual Voucher Edit Listing or the WIC Participant Edit Listing. Management reports listing transactions rejected from the most recent computer run due to a "critical" error on the manual voucher or participant input form.

Flag - a word, asterisk and/or code number on the voucher register or participant report indicating an impending status change for a participant and the action the local program must take regarding that change.

Food package - a set of vouchers which includes all foods prescribed to the participant upon certification.

Header - the topmost part of any input form, including program code, location code, participant ID number, and batch date. Must be completed.

Home delivery - an alternative to retail store vendors in some rural areas, whereby individual route drivers from a local dairy deliver WIC food directly to participants at their homes.

Household code - the identification number of one of the participants in the family which is also used to identify all participating members of the family, regardless of different last names. If used, vouchers for the family will be grouped together.

Inactive - status indicating that a participant has been terminated from the WIC program and is no longer receiving preprinted vouchers. Inactive participants appear on the participant report for 4 months (120 days) after termination.

Input cut-off - the last day on which the state WIC office can receive input forms to be keypunched for the next set of vouchers and monthly management reports. Usually around the 18th of the month.

Input form - the form completed by local WIC program staff to record data on participants, vendors and manual vouchers issued, so that this information may be entered into the computer masterfile.

Input log - a form listing the number of each type of input and name of the program submitting it. Enclosed with each envelope of input.

Issue date - the day on which each participant's vouchers become valid for 30 days. Usually the date that the participant comes in to pick up vouchers. Assigned by the local program and either printed on computer-generated vouchers or hand-written on manual vouchers.

Keypunch - the operation performed to enter all data from input forms onto a magnetic tape used to create vouchers and reports.

Local program vendor report - listing of all vendors holding agreements with a local program.

Magnetic tape/data tape - tape onto which information from input forms is keypunched, and from which vouchers and reports are created/printed.

Management reports - printed reports produced at BCS from data submitted by local programs and used by local programs to ensure that their records and information are up-to-date and accurate.

Manual voucher (MV) - a voucher not assigned to a participant by the computer, which must be manually issued by local program staff.

Manual voucher inventory log - a computer-produced form listing the serial numbers of manual vouchers produced that month for each local program. Used by the program to record disposition of all MV's.

Manual voucher package - a package of manual vouchers accompanied by a manual voucher input form preprinted by the computer, listing the serial numbers of the vouchers in the package.

MICR line - the reference number printed at the bottom of each voucher for use by the WIC bank. Stands for Magnetic Ink Character Recognition.

Multiple issuance - issuance of more than the appropriate number of vouchers to a participant during one calendar month.

Optional field - an input form field which need not be filled in for the input to be accepted.

Participant - an individual currently certified to receive WIC vouchers.

Participant ID number - an 8-digit number assigned by the local program to each new participant, by which s/he will be identified for the duration of participation in WIC. Used in making all changes to her/his record on the computer masterfile.

Participant listing - listing of all participants currently active or terminated within the past 4 months. Sorted by site, ID number, and name.

Participant report - alphabetical listing of all participants currently active or terminated within the past 4 months at each WIC site. Contains all information on a participant either submitted by the local program or indicated by the computer.

Pick-up day - the day the participant comes in to pick up vouchers. See Issue date.

PNMF (Participant Not On Masterfile) - a listing of participants for whom vouchers have been issued and paid but for whom there is no active or inactive record in the participant masterfile containing the program code, site code and participant ID number listed in the voucher masterfile.

Prepaid mailer - a preprinted business reply mail envelope used by local programs to send input to the state WIC office.

Priority - a 3-character field indicating the participant's level of need.

Program code - a 3-digit number identifying the local program.

Program stamp - stamp bearing the imprint "MASS. WIC" and a 4-digit number indicating the program code and the staff person issuing the vouchers. Stamped on each voucher after the participant signs it to make the voucher valid for use.

Prorating - reducing the assigned food package based on lateness of voucher pick-up.

Proxy - a designated individual who may pick up and sign WIC vouchers for an active WIC participant.

Recertification date - the date (month, day, year) that a current participant is determined to be eligible to continue participating in the WIC Program for 6 more months.

Regular voucher - a computer-generated voucher produced for a participant active on the participant masterfile.

Reject - the WIC Manual Voucher Reject Listing or the WIC Participant Update Rejects Listing. Management reports listing transactions rejected from the most recent computer run due to errors in manual voucher serial numbers or participant ID numbers.

Site - a location where WIC services are provided to participants.

Site code - the 2-digit number identifying a local program site.

State WIC office - the main administrative office, coordinating fiscal, nutrition, program, food delivery, and vendor policies and services for the state.

Tailoring - the process of adapting the food package to meet the specific nutritional and dietary needs of each participant.

Termination code - a one-digit field used to indicate the reason an individual was dropped from the WIC Program.

Termination date - the date (month, day, year) a participant is determined to be no longer eligible for WIC services.

Undistributed voucher - a voucher assigned to a participant but never picked up by the participant or proxy.

Update - the WIC Manual Voucher Update Listing or the WIC Participant Update Listing. Management reports listing manual voucher and participant transactions accepted and posted to the masterfile during the most recent computer run.

Voucher - the food instrument given to a participant by the local WIC program which is then redeemed at an authorized WIC vendor for the specific foods printed on the voucher.

Voucher create - the day on which all vouchers and monthly management reports for the next month are printed at BCS. This date is generally around the 20th of each month.

Voucher inventory - the stock of manual voucher packages maintained and monitored by a local program.

Voucher register - listing by site of the serial numbers of all preprinted vouchers issued to program participants. Signed by the participant or proxy to indicate receipt of vouchers and used by program staff to indicate the disposition of any vouchers not distributed to participants.

Voucher serial number - the identification number imprinted in red on each voucher. Enables the voucher to be tracked.

Voucher transmittal record - report listing 1) beginning and ending serial numbers of all voucher batches shipped to the local program, and 2) all management reports shipped to the local program. Accompanies the voucher shipment.

Voucher type - the code assigned to a particular type of voucher, indicating the food message appearing on the voucher.

THE WIC FOOD VOUCHER

THE WIC FOOD VOUCHER IS THE MEANS BY WHICH A WIC PARTICIPANT PURCHASES HER/HIS WIC SUPPLEMENTAL FOODS.

THE WIC PARTICIPANT GIVES THE VOUCHER TO AN AUTHORIZED WIC VENDOR IN EXCHANGE FOR THOSE FOODS PRINTED ON THE FACE OF THE VOUCHER.

FRONT OF THE VOUCHER

1. PARTICIPANT I.D. NO. -- the WIC participant's identification number. Pre-printed on computer-generated vouchers, handwritten on manual vouchers.
2. PARTICIPANT NAME -- the name of the WIC participant, last name first. Preprinted on regular (computer-generated) vouchers, handwritten on manual vouchers.
3. LOCATION -- the local WIC program's location (program and site) code. Pre-printed on regular vouchers, handwritten on manual vouchers.
4. VOUCHER NO. -- the serial number of the individual voucher. Pre-printed on all vouchers.
5. ISSUE DATE -- the first day on which the voucher is valid for use by a participant. Pre-printed on regular vouchers, handwritten on manual vouchers.
6. SERIAL NUMBER -- a pre-printed number unique to each voucher.
7. FOOD MESSAGE -- an exact description of the food a participant may receive in exchange for the voucher. Pre-printed on all vouchers except manual voucher type 699, which must be handwritten by local program staff.
8. FOOD PACKAGE NUMBER -- a number designating the food package. Appears on all regular vouchers and on the first voucher of each manual voucher package.
9. VOUCHER TYPE NUMBER -- a number designating the particular food message on the front of the voucher. Pre-printed on all vouchers.

10. ACTUAL PURCHASE PRICE -- the exact shelf price of the foods listed in the food message, as purchased by the WIC participant or authorized representative. Filled in by the vendor at the time of purchase.
11. NOT VALID WITHOUT WIC VENDOR STAMP -- validation by the WIC Vendor Stamp issued to the vendor by the WIC Program. Stamped by the vendor prior to deposit in the vendor's bank.
12. NOT VALID WITHOUT MASS WIC PROGRAM STAMP -- validation by the local WIC program stamp as issued to the local staff by the state WIC Office. Stamped by the local WIC program upon distributing the voucher to a WIC participant or authorized representative, not before.
13. I CERTIFY RECEIPT OF VOUCHER FROM THE WIC PROGRAM -- signature of WIC participant or authorized representative upon receiving the voucher from the WIC Program.
14. I GUARANTEE THE CORRECT PRICE WAS WRITTEN ABOVE -- signature of WIC participant or authorized representative upon redeeming the voucher at an authorized WIC vendor. This signature certifies that the price entered by the vendor is the correct price.
15. MICR NUMBER - series of MICR (Magnetic Ink Character Recognition) encoded numbers designed to be read by a machine. Pre-printed on all vouchers.

BACK OF THE VOUCHER

1. VENDOR ENDORSEMENT -- certification by the vendor that the price written on the front of the voucher is the correct price, and that the foods purchased by the participant were the correct foods. Signed or stamped by the vendor prior to deposit in the vendor's bank. If the vendor uses an endorsement stamp, the stamp must indicate the vendor's name on the account to which the voucher is being deposited.
2. WIC APPROVED FOODS -- list of all foods authorized by the Massachusetts WIC Program for purchase with Massachusetts WIC vouchers. A participant may only purchase the foods from this list that are indicated on the front of the voucher. Pre-printed on all vouchers.

REGULAR (COMPUTER-GENERATED) VOUCHERS

REGULAR VOUCHERS ARE PRODUCED ONCE A MONTH BY THE WIC COMPUTER SYSTEM.

EACH REGULAR VOUCHER IS PRINTED WITH THE PARTICIPANT'S NAME AND ID NUMBER, THE PROGRAM LOCATION CODE AND SITE NUMBER, THE DATE OF ISSUE, THE SERIAL NUMBER AND TYPE OF VOUCHER, AND THE FOOD MESSAGE.

- ** Once a month the WIC computer system produces preprinted vouchers for all participants listed as active in the Participant Masterfile.
- ** Regular vouchers are shipped to the local WIC Programs on a scheduled day near the of the month for distribution to participants during the following month.
- ** A Voucher Transmittal Record and a Voucher Register are included with the monthly shipment.

RECEIVING REGULAR VOUCHERS

THE LOCAL AGENCY IS FINANCIALLY LIABLE FOR REGULAR VOUCHERS AS SOON AS THEY ARE DELIVERED TO THE AGENCY.

CALL THE STATE WIC OFFICE AS SOON AS YOU RECEIVE THE VOUCHERS AND REPORTS. THEN CHECK THE VOUCHERS AGAINST THE VOUCHER TRANSMITTAL RECORD AND REPORT ANY DISCREPANCIES IMMEDIATELY TO THE STATE WIC OFFICE.

VOUCHER TRANSMITTAL RECORD FOR REGULAR VOUCHERS

THE VOUCHER TRANSMITTAL RECORD LISTS THE BEGINNING AND ENDING SERIAL NUMBERS OF ALL REGULAR (COMPUTER-GENERATED) VOUCHERS INCLUDED IN A SHIPMENT, PLUS ALL MANAGEMENT REPORTS SENT WITH THE VOUCHERS.

CHECK THE VOUCHER NUMBERS AGAINST THE TRANSMITTAL RECORD UPON RECEIPT OF THE VOUCHERS AND REPORT ANY DISCREPANCIES TO THE STATE OFFICE IMMEDIATELY.

RETAIN THE VOUCHER TRANSMITTAL RECORD FOR SEVEN FISCAL YEARS FROM THE END OF THE FISCAL YEAR TO WHICH IT PERTAINS.

TRANSMITTAL RECORD FOR COMPUTER-GENERATED VOUCHERS

REPORT NO. WIC038-VTR

VOUCHER TRANSMITTAL RECORD

STATE OF MASSACHUSETTS

B.S.O. - WIC SERVICES

DATE- 04/19/86

AUTH. BY-

PROGRAM 071 CAPE COD WIC

REGULAR ISSUE VOUCHERS

6151041 TO 6157715

VOIDED VOUCHERS

REPORTS

SHIPPED

RECEIVED -CHECK-

EDIT
UPDATE
UPDATE REJECTS
VOUCHER REGISTER
ROUTE REPORT
ID LISTING
PARTICIPANT REPORT
VENDOR REPORT

RETAIN COPIES-- FOR YOUR RECORDS.

VOUCHER REGISTER

THE VOUCHER REGISTER IS A COMPLETE RECORD OF EACH PARTICIPANT'S REGULAR, PRE-PRINTED VOUCHERS.

MAKE SURE THE PARTICIPANT OR PROXY SIGNS THE VOUCHER REGISTER WHEN S/HE PICKS UP THE VOUCHERS, AND THE STAFF PERSON DISTRIBUTING THE VOUCHERS INITIALS AND DATES THE VOUCHER REGISTER.

IF YOU NEGLECTED TO HAVE THE PARTICIPANT OR PROXY SIGN THE VOUCHER REGISTER WHEN S/HE PICKED UP THE VOUCHERS, WRITE "RCVD" TO THE RIGHT OR THE LEFT OF THE SIGNATURE LINE. INITIAL AND DATE THE ENTRY. BE SURE TO HAVE HER/HIM SIGN IT THE NEXT TIME S/HE COMES IN.

IF THE VOUCHERS ARE UNDISTRIBUTED, WRITE "VOID" ON THE SIGNATURE LINE. INITIAL AND DATE THE ENTRY.

ALL LINES MUST BE COMPLETED WITH A SIGNATURE, a "VOID", OR "VOUCHERS MAILED". DO NOT PUT ANYTHING ELSE ON THIS LINE.

DO NOT USE WHITE-OUT OR COVER-UP TAPE IN THE VOUCHER REGISTER.

KEEP SIGNED VOUCHER REGISTERS FOR SEVEN YEARS FROM THE END OF THE FISCAL YEAR TO WHICH THEY PERTAIN.

COMPUTER FLAGS

The computer flags five areas of special concern and prints an asterisk and code to the left of the names of participants in these categories. The codes are:

- *1 - Repeat certification is due next month. Schedule appointment.
- *2 - Repeat certification is due this month. Hold vouchers until the participant is recertified.
- *3 - Repeat certification is 1 month overdue. Hold vouchers until the participant is recertified. Last month of vouchers.
- *4 - Pregnant woman is now 3 months past her expected delivery date. She will be terminated next month.
- *5 - Participant's last month of vouchers. S/he is being terminated for categorical ineligibility.

VOUCHER REGISTER

| REPORT NO. WIC038-VR | | MASSACHUSETTS WIC PROGRAM | | | | VOUCHER REGISTER | | | |
|----------------------|---------|---------------------------|---------------|--------|----------|------------------|-------------------------------|---------|---------------------------------|
| UPHAMS CORNER WIC | | SITE 01 | | AUGUST | | 1988 | | PAGE | 23 |
| PARTICIPANT NAME | | SIGNATURE | STAFF INIT | DATE | ID NO | PKG | VOUCHER SERIAL NUMBERS ISSUED | | |
| BEN | RUTH | | | | 10183028 | 322 | 7863872 | 7863873 | 7863874 7863875 |
| BEN | JESSICA | | | | 06769020 | 353 | 7863876 | 7863877 | 7863878 7863879 |
| #1 BEN | JOSE | | | | 10953024 | 625 | 7863880 7863885 | 7863881 | 7863882 7863883 7863884 7863885 |
| *1 BEN | YANISSA | | | | 10953032 | 322 | 7863886 | 7863887 | 7863888 7863889 |
| BENJ | BAILEY | | | | 70322029 | 205 | 7863890 | 7863891 | 7863892 7863893 7863894 |
| BENJ | ENESE | | | | 11358017 | 175 | 7863895 | 7863896 | 7863897 7863898 |
| BENJ | EUNILDE | | | | 70322011 | 175 | 7863899 | 7863900 | 7863901 7863902 |
| BENJ | JAMESON | | | | 10347011 | 322 | 7863903 | 7863904 | 7863905 7863906 |
| #5 BENJ | MARIE | | | | 11098019 | 465 | 7863907 | 7863908 | 7863909 7863910 |
| BENJ | STANLEY | | | | 11098027 | 201 | 7863911 | 7863912 | 7863913 7863914 7863915 |
| BENJ | THARA | | | | 11358025 | 204 | 7863916 | 7863917 | 7863918 7863919 |

- *1 - REPEAT CERTIFICATION DUE NEXT MONTH. SCHEDULE AN APPOINTMENT.
 *2 - REPEAT CERTIFICATION DUE THIS MONTH. HOLD VOUCHERS UNTIL RECERTIFIED.
 *3 - REPEAT CERTIFICATION 1 MONTH OVERDUE. HOLD VOUCHERS UNTIL RECERTIFIED. LAST MONTH OF VOUCHERS. WILL BE TERMINATED.
 *4 - PREGNANT WOMAN 3 MONTHS PAST EDC. LAST MONTH OF VOUCHERS. WILL BE TERMINATED.
 *5 - PARTICIPANTS LAST MONTH OF VOUCHERS. WILL BE TERMINATED FOR CATEGORICAL INELIGIBILITY.

DISTRIBUTING REGULAR VOUCHERS

FOLLOW ACCOUNTABILITY PROCEDURES WHEN YOU DISTRIBUTE REGULAR (COMPUTER-GENERATED) VOUCHERS.

Arrange your program's certification and voucher distribution procedures so that under all normal circumstances, the person who distributes vouchers to a WIC participant is not the person who certified her/him.

Ask to see the participant's WIC ID card to make sure the right person gets the vouchers. Have proxies present the participant's WIC ID card and a dated authorization form or dated note signed by both the participant and proxy.

Be sure that the participant is eligible for vouchers this month.

Make sure every person receiving vouchers signs the voucher register, which serves as a receipt. Immediately write your initials and the date next to the participant's signature.

You may mail vouchers to participants in specific hardship situations, if no proxy is available to pick up the vouchers.

See the following sections in the Procedure Manual for more information:

- o COMPUTER-GENERATED VOUCHER ISSUANCE
- o ID CARDS
- o PROXIES
- o MAILING VOUCHERS

UNDISTRIBUTED VOUCHERS

AN UNDISTRIBUTED VOUCHER IS A REGULAR VOUCHER THAT WILL NOT BE ISSUED TO A PARTICIPANT.

SEND VOUCHERS RECEIVED WITH THE MONTHLY SHIPMENT, THAT YOU KNOW WILL NOT BE DISTRIBUTED, TO THE STATE WIC OFFICE SO THAT THEY ARE RECEIVED BY THE 5TH OF THE ISSUE MONTH.

VOID ALL UNDISTRIBUTED VOUCHERS AND RETURN THEM TO THE STATE WIC OFFICE AS SOON AS YOU KNOW THE VOUCHERS WILL NOT BE DISTRIBUTED. DO NOT INCLUDE MANUAL VOUCHERS.

MAIL UNDISTRIBUTED VOUCHERS TO THE STATE WIC OFFICE AT LEAST ONCE A WEEK.

There are a number of reasons for undistributed vouchers, such as:

- o The vouchers were not picked up.
- o A participant was terminated from WIC after input cutoff day or input for termination had an error.
- o A food package was changed after input cutoff day or input for change had an error.
- o The participant was overdue for recertification.
- o A food package was incorrect.
- o The vouchers were returned unused by the participant.
- o The vouchers were damaged.

IDENTIFYING UNDISTRIBUTED VOUCHERS

1. Upon receipt of the monthly voucher shipment, identify all vouchers that will not be distributed due to:
 - a) a food package change after input cutoff,
 - b) a participant termination submitted after input cutoff, or
 - c) input which was rejected and uncorrected prior to input cutoff.

Use the following methods to identify these vouchers:

- Use yellow input copies to determine participants whose input was mailed after cutoff.
- Use information on participant record flow sheet, if vouchers are placed in records.
- Use information on participant card if vouchers are attached to cards.

Return these undistributed vouchers to the state WIC office so that they are received by the 5th day of the issue month.

2. Identify current-month vouchers that will not be distributed due to unkept or unscheduled recertification appointments, and return these to state WIC office immediately.
3. Identify second month of vouchers not picked up and void them as soon as time limit for participant response (as indicated in notification letter) has passed.
4. Follow other standard procedures for weekly return of undistributed vouchers to the state WIC office.

RETURNING UNDISTRIBUTED VOUCHERS

1. Stamp "VOID" on the face of each voucher, over the "actual purchase price" box.
2. Record all voided vouchers on the Voucher Register by writing or stamping "VOID" on the signature line, then initial and date each voided line. DO NOT WRITE VOID ON THE LINE UNLESS YOU ARE CERTAIN THAT THE VOUCHERS WERE VOIDED.
3. REMOVE ALL PAPER CLIPS OR STAPLES FROM THE VOUCHERS.
4. Rubber band the vouchers into neat stacks, all vouchers facing the same direction. DO NOT STAPLE VOUCHERS TOGETHER.
5. DO NOT INCLUDE ANY MANUAL VOUCHERS (even if input was submitted).
6. Use postage-paid mailers to return undistributed vouchers to the state WIC office. Do not overstuff the envelopes; use two or more envelopes if needed. Seal them securely.

The returned vouchers will then be reconciled with their issuance records by the computer.

NOTE: If you find that some vouchers have not been sent in on time, send them banded separately with a note explaining the problem. If undistributed vouchers are returned late, participation statistics become inflated and inaccurate.

MANUAL VOUCHERS

MANUAL VOUCHERS ARE PRODUCED ONCE A MONTH BY THE WIC COMPUTER SYSTEM.

MANUAL VOUCHERS DO NOT HAVE THE PARTICIPANT'S NAME, IDENTIFICATION NUMBER OR DATE OF ISSUE PRINTED ON THEM. YOU WRITE THIS INFORMATION ON THEM.

Once a month the WIC computer system produces manual vouchers (MVs), in packages, for each local WIC program that has ordered them. Manual vouchers are delivered to the local WIC program with the regular (computer-generated) vouchers on about the 24th or 25th of the month, and are accompanied by a Voucher Transmittal Record, Manual Voucher Input Forms, and a Manual Voucher Inventory Log.

Use manual vouchers when:

1. No regular vouchers were issued for the participant because of:
 - initial certification or transfer
 - certification completed too late for input cutoff day
 - errors made on Type 1 participant input
 - input not sent or not received at state WIC office by cutoff
 - recertification input not sent or not accepted
2. The participant needs a package change
3. There is a mistake on a regular voucher
4. You need to replace lost, stolen, or damaged vouchers

USING MANUAL VOUCHERS

There are 6 steps for using manual vouchers, manual voucher input forms, and the Manual Voucher Inventory Log. Each step is outlined in detail in the section(s) indicated below.

- | | |
|----------------------------------|--------------------------------------|
| 1. Releasing MV's from inventory | MANUAL VOUCHER INVENTORY LOG |
| 2. Preparing MV's and inputs | PREPARING MANUAL VOUCHERS |
| | PREPARING MANUAL VOUCHER INPUT FORMS |

- | | | |
|----|---|---|
| 3. | Distributing or voiding MV's and inputs | DISTRIBUTING MANUAL VOUCHERS VOIDING MANUAL VOUCHERS |
| 4. | Batching and mailing inputs | BATCHING MANUAL VOUCHER INPUT FORMS MAILING GUIDELINES FOR MANUAL VOUCHER INPUT |
| 5. | Completing the Main Inventory Log to indicate disposition of vouchers | MANUAL VOUCHER INVENTORY LOG |
| 6. | Checking for acceptance of input onto Voucher Masterfile | MANUAL VOUCHER INVENTORY LOG WIC MANUAL VOUCHER UPDATE LISTING |

ORDERING MANUAL VOUCHER PACKAGES

ORDER MANUAL VOUCHER PACKAGES ONCE A MONTH.

MAIL OR CALL IN YOUR ORDER TO THE STATE WIC OFFICE BY NOON ON THE ORDER DEADLINE DAY EACH MONTH.

Use the Manual Voucher Order Form and follow the procedures below to determine and order the maximum number of packages you need.

1. On the order form, record the number of each package type in your inventory. (Include all site and travel box inventories.) You may physically count the packages in your inventories OR you may count the packages not yet "Released" according to your Manual Voucher Inventory Logs. (Include all site and travel box logs.) Count all packages not yet written up for a participant.
2. Total and record the number of packages in your inventory (A).
3. Multiply your assigned caseload by .6 (B).
4. Subtract (A) from (B). This difference (C) is the maximum number of packages you can order.
5. Record how many of each package type you want to order. You may order as few as 2. Order even numbers of packages only.
6. Total and record the number of packages you want to order. Be sure this total does not exceed the maximum number of packages you can order (#4 above). Excessive orders will not be filled.
7. Do not fill in the column labeled "Total vouchers".
8. Fill in program name, program #, date, and quantities of food delivery supplies ordered.
9. Whether you mail or phone in your order, be sure to give all information outlined in heavy black on the order form.
10. Keep a copy of your order form for your records.

MANUAL VOUCHER ORDER FORM

| | | | |
|---------------|-----------------|------------|-----------------------|
| Program _____ | Program # _____ | Date _____ | Called In by _____ |
|---------------|-----------------|------------|-----------------------|

| FOOD PACKAGE | # PKGS. IN IN-VENTORY | PACKAGES ORDERED | TOTAL VOUCHERS (SA USE) |
|--------------|-----------------------|------------------|-------------------------|
| (07) | | | |
| 171 | | x4 | |
| (08) | | | |
| 175 | | x4 | |
| - | | | |
| 195 | | x4 | |
| (15) | | | |
| 200 | | x4 | |
| (16) | | | |
| 201 | | x5 | |
| (24) | | | |
| 206 | | x2 | |
| (17) | | | |
| 210 | | x4 | |
| (21) | | | |
| 290 | | x1 | |
| - | | | |
| 304 | | x4 | |
| (05) | | | |
| 320 | | x4 | |
| - | | | |
| 322 | | x4 | |
| - | | | |
| 333 | | x4 | |
| (01) | | | |
| 343 | | x4 | |
| (04) | | | |
| 345 | | x4 | |
| (11) | | | |
| 441 | | x4 | |
| (12) | | | |
| 445 | | x4 | |
| (82) | | | |
| 553 | | x4 | |
| (89) | | | |
| 600 | | x4 | |
| - | | | |
| 606 | | x2 | |
| (91) | | | |
| 610 | | x4 | |

| FOOD PACKAGE | # PKGS. IN IN-VENTORY | PACKAGES ORDERED | TOTAL VOUCHERS (SA USE) |
|--------------|-----------------------|------------------|-------------------------|
| (93) | | | |
| 620 | | x8 | |
| (85) | | | |
| 625 | | x6 | |
| (26) | | | |
| 691 | | x5 | |
| (99) | | | |
| 699 | | x4 | |
| TOTALS | | | |

SA ORDER REVIEW

Assigned caseload: _____

x .6: _____

Total pkgs. on hand: _____

Maximum pkgs. to be ordered: _____

Total pkgs. ordered: _____

ok _____ not ok _____ SA Init. _____

| FOOD DELIVERY SUPPLIES | Amount |
|----------------------------|--------|
| Participant Input Forms | |
| Manual Voucher Input Forms | |
| Vendor Input Forms | |
| Input Log Forms | |
| Postage-Paid Mailers | |
| Other: | |

| MV ORDERS DUE | | | | | |
|---------------|------|------|------|-------|-------|
| 12/29 | 3/14 | 5/12 | 7/13 | 9/14 | 11/10 |
| 2/11 | 4/12 | 6/13 | 8/15 | 10/13 | 12/12 |

YOU MAY MAIL OR PHONE IN YOUR ORDER; IF PHONING GIVE ALL INFORMATION OUTLINED IN BLACK.

RECEIVING MANUAL VOUCHERS

THE LOCAL AGENCY IS FINANCIALLY LIABLE FOR MANUAL VOUCHERS AS SOON AS THEY ARE DELIVERED TO THE AGENCY.

CALL THE STATE WIC OFFICE AS SOON AS YOU RECEIVE THE VOUCHERS AND REPORTS. THEN CHECK THE VOUCHERS AGAINST THE VOUCHER TRANSMITTAL RECORD AND REPORT ANY DISCREPANCIES IMMEDIATELY TO THE STATE WIC OFFICE.

VOUCHER TRANSMITTAL RECORD FOR MANUAL VOUCHERS

THE VOUCHER TRANSMITTAL RECORD FOR MANUAL VOUCHERS LISTS THE BEGINNING AND ENDING SERIAL NUMBERS, BY PACKAGE, OF ALL MANUAL VOUCHERS INCLUDED IN A SHIPMENT. CHECK THE VOUCHER SERIAL NUMBERS UPON RECEIPT OF THE VOUCHERS AND REPORT ANY DISCREPANCIES TO THE STATE OFFICE IMMEDIATELY.

KEEP THE VOUCHER TRANSMITTAL RECORD FOR SEVEN YEARS FROM THE END OF THE FISCAL YEAR TO WHICH IT PERTAINS.

MANUAL VOUCHER TRANSMITTAL RECORD

REPORT NO. WIC0378 - MVTR

STATE OF MASSACHUSETTS
DATE - 06/15/88

B.S.O. - WIC SERVICES

PROGRAM 008 EAST BOSTON WIC

PACKAGE NUMBER 322

LEFT STARTING NUMBER 8259864 THRU LEFT ENDING NUMBER 8259943

RIGHT STARTING NUMBER 8359864 THRU RIGHT ENDING NUMBER 8359943

PACKAGE NUMBER 333

LEFT STARTING NUMBER 8259944 THRU LEFT ENDING NUMBER 8259959

RIGHT STARTING NUMBER 8359944 THRU RIGHT ENDING NUMBER 8359959

PACKAGE NUMBER 343

LEFT STARTING NUMBER 8259960 THRU LEFT ENDING NUMBER 8259979

RIGHT STARTING NUMBER 8359960 THRU RIGHT ENDING NUMBER 8359979

PACKAGE NUMBER 345

LEFT STARTING NUMBER 8259980 THRU LEFT ENDING NUMBER 8260059

RIGHT STARTING NUMBER 8359980 THRU RIGHT ENDING NUMBER 8360059

MANUAL VOUCHER INVENTORY LOG

TRACK ALL MANUAL VOUCHERS USING THE MANUAL VOUCHER INVENTORY LOG.

KEEP THE MANUAL VOUCHER INVENTORY LOG FOR SEVEN FISCAL YEARS AFTER THE YEAR IN WHICH THE LAST PACKAGE ON THE LOG WAS DISTRIBUTED OR VOIDED.

The Manual Voucher Inventory Log lists all manual vouchers issued to a program each month, in serial number order by food package. Use it to record the "history" of each manual voucher and its input form, so you can track any voucher at any time.

Each line of the Manual Voucher Inventory Log corresponds to one package of manual vouchers and one input form. For each food package listing, the log lists two sets of serial numbers: first the left and then the right side serial numbers as they appear on the transmittal record for manual vouchers.

You receive two copies of the Manual Voucher Inventory Log: one to be used as the Main Inventory Log, and one to be used as a Site Log.

- o Keep the Main Inventory Log at your program's main office and use it to record the release of vouchers from the main inventory and indicate whether those vouchers were distributed or voided.
- o Keep the Site Log(s) 1) at sites where vouchers are stored and 2) with travel boxes, and use them to record release of vouchers from site inventories or travel boxes and indicate whether those vouchers were distributed or voided.

You are not required to use a site log if you update your Main Inventory Log at least twice a week. This ensures frequent monitoring of distribution patterns and voucher disposition. If manual vouchers are prepared in advance of distribution, keep a list of package numbers, serial numbers and dates of removal from inventory with the site MV inventory and with the Main Inventory Log.

See the end of this section for an explanation of terms.

Releasing MV's From Inventory

a. Main Inventory Log

Whenever MV packages are taken from the main inventory, either for immediate use or for adding to inventory at another site or travel box, the person releasing the vouchers records under RELEASED FROM INVENTORY 1) her/his initials, 2) the date, and 3) the site or travel box where the vouchers are used or sent. (See Example A following.)

When vouchers are sent to a site inventory or travel box, the corresponding pages of the Site Log should be sent with the vouchers. (You may need to make extra copies of some pages.)

The blank line following RELEASED FROM INVENTORY is optional and may be used to record information for tracking vouchers or input forms, such as participant name or ID number, issue date, control numbers, etc.

b. Site Log

Whenever MV packages are taken from a site inventory or travel box, the person releasing them records her/his initials and the date under RELEASED FROM INVENTORY. The site at which vouchers are used is recorded once at the top of the page at SITE ____*. (See Example B following.)

The blank line on the Site Log is for your use.

Completing Main Inventory Log To Indicate Disposition Of Vouchers

- a. On a regular basis (daily or weekly), copy the distrib/void date from input copies onto the corresponding line on the Main Inventory Log under DISTRIB/VOID DATE. If the distribution date is in a month different from the month of issue, note the month of issue in the column provided.

Write "V" beside the date for fully-voided packages. For partially-voided packages, circle and write "V" above the voided serial numbers. (See Example C following.)

Store the input copies in serial number order behind their corresponding Main Inventory Log sheets. (If the input copies are stored at sites, bring the Main Inventory Log to the site where the copies are stored, record the DISTRIB/VOID DATE, then return the log to the main office.) An entry under DISTRIB/VOID DATE verifies that the input copy has been stored with the Main Inventory Log or physically verified as stored with Site Log.

- b. When all MV packages that were produced in a given month have been distributed or voided, their corresponding log sheets and input copies should be stored together in serial number order by package and date produced.

Checking For Acceptance Of Input Onto Voucher Masterfile

To make sure input was accepted and to prevent cash errors*, match the weekly Voucher Update Listing against input copies or the Main Inventory Log. Place a check under INPUT ACCEPTED beside each package whose serial numbers are listed on the Voucher Update Listing. Correct and resubmit voucher inputs which don't appear on the Voucher Update Listing, if possible; most of these will appear on the Voucher Edit or Reject Listing.

If you follow this procedure, you may wish to keep your input copies together as batched until you've compared them with the Voucher Update Listing, and then file them with the corresponding log pages.

See the WIC MANUAL VOUCHER UPDATE LISTING section in this Voucher System Manual for more information on checking for acceptance of input onto the Voucher Masterfile.

* Paid vouchers for which there is no issuance record on the Voucher Masterfile. See the CASH ERRORS section of this Voucher System Manual.

EXPLANATION OF TERMS FOR MANUAL VOUCHER INVENTORY LOG

| | |
|-------------------------|---|
| PRODUCED __/__/__ | Date vouchers and inventory log were produced |
| RIGHT-PAGE 00__ | Side of the voucher stock used during production |
| | Page number for log for this date (page numbers start at 1 for each month's log) |
| SITE | For "site log" only: site number where log is kept |
| RELEASED FROM INVENTORY | Three items to fill out on main log whenever vouchers leave main inventory. On site log, fill out first 2 items. |
| BY | Initials of person releasing vouchers |
| DATE | Date vouchers released from inventory |
| TO SITE | Site or travel box to which vouchers released (may be main site) |
| BLANK COLUMN | For local program use. May use to record participant's name, issue date, control number, etc. |
| DISTRIB/VOID DATE | Date on which vouchers were actually distributed to a participant or voided; copied from top line of input form. |
| | <u>NOTE:</u> this line verifies that the input form copy has been stored with the main log or physically verified as stored with the site log |
| ISSUE MONTH | Month of issue; complete only if month of issue differs from month of distribution |
| INPUT ACCEPTED | ✓ when voucher serial numbers appear on update, then discard update. You may write date of update in place of a check mark. |
| RETAIN ... YEARS | Keep these documents for 7 fiscal years after the year in which this page of the log was fully completed |

EXAMPLE A: MAIN MANUAL VOUCHER INVENTORY LOG

MASSACHUSETTS MIC PROGRAM
 MANUAL VOUCHER INVENTORY LOG
 PROGRAM 002-UPHAMS CORNER MIC

PRODUCED 07/19/88
 LEFT-PAGE 004

PACKAGE 175

VOUCHER SERIAL NUMBERS

RELEASED FROM INVENTORY
 BYX DATEX TO SITE

SITE _____*

DISTRIB/
 VOID DATE

ISSUE
 MONTH

INPUT
 ACCEPTED

8280088 8280089 8280090 8280091

MC 7/5/88 02

8280092 8280093 8280094 8280095

MC 7/5/88 02

8280096 8280097 8280098 8280099

MC 7/5/88 02

8280100 8280101 8280102 8280103

MC 7/5/88 02

8280104 8280105 8280106 8280107

MC 7/5/88 01

8280108 8280109 8280110 8280111

MC 7/12/88 TB

8280112 8280113 8280114 8280115

MC 7/13/88 TB

8280116 8280117 8280118 8280119

8280120 8280121 8280122 8280123

8280124 8280125 8280126 8280127

8280128 8280129 8280130 8280131

8280132 8280133 8280134 8280135

8280136 8280137 8280138 8280139

8280140 8280141 8280142 8280143

8280144 8280145 8280146 8280147

8280148 8280149 8280150 8280151

*FILL IN THESE ITEMS ON SITE LOGS / RETAIN LOG AND INPUT FORMS FOR 7 FISCAL YRS / FILL IN ISSUE MNTH IF DIFFERENT THAN DISTRIB MNTH

EXAMPLE B: SITE LOG

| MASSACHUSETTS WIC PROGRAM MANUAL VOUCHER INVENTORY LOG PROGRAM 002-UPHAMS CORNER WIC | | | | SITE 02 | | PRODUCED 07/19/88 LEFT-PAGE 004 | | |
|--|---------|---------|---------|--|---------|------------------------------------|----------------|-------------------|
| PACKAGE 175 VOUCHER SERIAL NUMBERS | | | | RELEASED FROM INVENTORY BY# DATE# TO SITE | | DISTRIB/ VOID DATE | ISSUE MONTH | INPUT ACCEPTED |
| 8280088 | 8280089 | 8280090 | 8280091 | DP | 7/7/88 | | | |
| 8280092 | 8280093 | 8280094 | 8280095 | DP | 7/7/88 | | | |
| 8280096 | 8280097 | 8280098 | 8280099 | DP | 7/12/88 | | | |
| 8280100 | 8280101 | 8280102 | 8280103 | | | | | |
| 8280104 | 8280105 | 8280106 | 8280107 | | | | | |
| 8280108 | 8280109 | 8280110 | 8280111 | | | | | |
| 8280112 | 8280113 | 8280114 | 8280115 | | | | | |
| 8280116 | 8280117 | 8280118 | 8280119 | | | | | |
| 8280120 | 8280121 | 8280122 | 8280123 | | | | | |
| 8280124 | 8280125 | 8280126 | 8280127 | | | | | |
| 8280128 | 8280129 | 8280130 | 8280131 | | | | | |
| 8280132 | 8280133 | 8280134 | 8280135 | | | | | |
| 8280136 | 8280137 | 8280138 | 8280139 | | | | | |
| 8280140 | 8280141 | 8280142 | 8280143 | | | | | |
| 8280144 | 8280145 | 8280146 | 8280147 | | | | | |
| 8280148 | 8280149 | 8280150 | 8280151 | | | | | |

*FILL IN THESE ITEMS ON SITE LOGS / RETAIN LOG AND INPUT FORMS FOR 7 FISCAL YRS / FILL IN ISSUE MNTH IF DIFFERENT THAN DISTRIB MNTH

EXAMPLE C: MAIN INVENTORY LOG

| MASSACHUSETTS WIC PROGRAM MANUAL VOUCHER INVENTORY LOG PROGRAM 002-UPHAMS CORNER WIC | | | | PRODUCED 07/19/88 LEFT-PAGE 004 | | | | |
|--|---------|---------|---------|---|------------|-----------------------|----------------|-------------------|
| PACKAGE 175 VOUCHER SERIAL NUMBERS | | | | RELEASED FROM INVENTORY BYM DATE TO SITE | SITE ____* | DISTRIB/ VOID DATE | ISSUE MONTH | INPUT ACCEPTED |
| 8280088 | 8280089 | 8280090 | 8280091 | MC 7/5/88 02 | | 7/7/88 | 6/88 | |
| 8280092 | 8280093 | 8280094 | 8280095 | MC 7/5/88 02 | | 7/8/88 | | |
| 8280096 | 8280097 | 8280098 | 8280099 | MC 7/5/88 02 | | ✓ 7/12/88 | | |
| 8280100 | 8280101 | 8280102 | 8280103 | MC 7/5/88 02 | | | | |
| 8280104 | 8280105 | 8280106 | 8280107 | MC 7/5/88 01 | | 7/7/88 | | |
| 8280108 | 8280109 | 8280110 | 8280111 | MC 7/12/88 TB | | 7/11/88 | | |
| 8280112 | 8280113 | 8280114 | 8280115 | MC 7/12/88 TB | | | | |
| 8280116 | 8280117 | 8280118 | 8280119 | | | | | |
| 8280120 | 8280121 | 8280122 | 8280123 | | | | | |
| 8280124 | 8280125 | 8280126 | 8280127 | | | | | |
| 8280128 | 8280129 | 8280130 | 8280131 | | | | | |
| 8280132 | 8280133 | 8280134 | 8280135 | | | | | |
| 8280136 | 8280137 | 8280138 | 8280139 | | | | | |
| 8280140 | 8280141 | 8280142 | 8280143 | | | | | |
| 8280144 | 8280145 | 8280146 | 8280147 | | | | | |
| 8280148 | 8280149 | 8280150 | 8280151 | | | | | |

*FILL IN THESE ITEMS ON SITE LOGS / RETAIN LOG AND INPUT FORMS FOR 7 FISCAL YRS / FILL IN ISSUE MONTH IF DIFFERENT THAN DISTRIB MONTH

PREPARING MANUAL VOUCHERS

TO PREPARE A MANUAL VOUCHER, FILL IN THE FOLLOWING:

- PARTICIPANT'S IDENTIFICATION NUMBER
- PARTICIPANT'S NAME
- YOUR LOCAL PROGRAM SITE NUMBER
- DATE OF ISSUE

WRITE YOUR INITIALS, THE DATE AND THE SITE ON THE MANUAL VOUCHER
INVENTORY LOG, AND FILL OUT A MANUAL VOUCHER INPUT FORM.

If you make an error, do not cross out or use correction fluid (whiteout);
use a new voucher.

PREPARING MANUAL VOUCHER INPUT FORMS

USE MANUAL VOUCHER INPUT FORMS TO ADD INFORMATION ABOUT A PARTICIPANT RECEIVING MANUAL VOUCHERS TO THE VOUCHER MASTERFILE.

COMPLETE THE MANUAL VOUCHER INPUT FORM WHEN YOU ISSUE THE MANUAL VOUCHERS TO THE PARTICIPANT, AND MAKE SURE S/HE SIGNS IT.

KEEP A COPY OF THE COMPLETED INPUT FORM FOR SEVEN YEARS FROM THE END OF THE FISCAL YEAR TO WHICH IT PERTAINS.

The Manual Voucher Input Form is your link to the computer's Voucher Masterfile, which contains issuance information for all manual or computer-generated vouchers. Fill out manual voucher input forms carefully and accurately, and submit them regularly.

GENERAL INSTRUCTIONS

1. Print neatly with ball point pen in blue ink. This makes the input form easier to read for the people who keypunch the information, and reduces keypunch errors.
2. Always fill in the information on the input form starting at the left-most position.
3. If the number representing a month or day has only one digit, put a zero in front of it. (e.g., 4/9/88 becomes 040988.)
4. Start the participant identification number in the left-most space and leave the 8th digit blank.
5. Start the participant's name in the left-most space and leave unused positions blank. Use only the number of spaces allowed.
6. Complete the top line ("header") on every input form. The computer will not accept records with incomplete headers.
7. Fill in all fields on the manual voucher input form. Every field on the manual voucher input form is a critical field, and the computer will reject the input if any are left blank.

8. Make sure the participant ID number and site code match those assigned on the participant input form in order to prevent the participant's name from appearing on the PNMF report.

See the PARTICIPANTS NOT ON MASTERFILE section in this Voucher System Manual.

NOTE: All manual voucher input forms are Transaction Type 1's which add information to the Voucher Masterfile. INFORMATION IN THE VOUCHER MASTERFILE CANNOT BE CHANGED ONCE THE COMPUTER ACCEPTS IT.

There are two types of manual voucher input forms:

1. White preprinted manual voucher input forms - These input forms are preprinted with the serial numbers of the vouchers in a corresponding manual voucher package.
2. Green replacement manual voucher input forms - Use these inputs if the white preprinted input form cannot be used.

See the following sections for specific instructions for white and green forms.

WHITE PREPRINTED MANUAL VOUCHER INPUT FORMS

MAKE SURE YOU COMPLETE ALL FIELDS IN THE HEADER AND LINE 1.

KEEP COMPLETED INPUT FORMS FOR SEVEN YEARS FROM THE END OF THE FISCAL YEAR TO WHICH THEY PERTAIN.

FILLING IN THE HEADER

Location code. Enter the two-digit code that designates your specific site. See the LOCAL PROGRAM AND SITE CODES section of this Voucher System Manual for codes.

Participant identification number. Enter the seven-digit identification number you have assigned to the participant. The computer assigns the eighth digit.

Distrib/void date. Enter the date the participant actually received the vouchers (or the date they were voided) using six digits. Example: April 4, 1987 would be 04/04/87.

Staff initials. The staff person distributing (or voiding) the vouchers writes her/his initials here soon as the participant signs the input form.

Participant signature. Make sure the participant or proxy signs here when s/he receives the vouchers. The input form is a receipt for the vouchers.

FILLING IN LINE 1

Participant's last and first name. Enter the participant's last and first names.

Issue date. Enter the six-digit number for month, day and year for the issue date written on the vouchers (which may be different from the date the participant actually receives the vouchers).

RETAINING MANUAL VOUCHER INPUT FORMS

Keep manual voucher input forms for seven years. File them in serial number order with the Manual Voucher Inventory Log. See MANUAL VOUCHER INVENTORY LOG section in this Voucher System Manual for more information.

SAMPLE PREPRINTED MANUAL VOUCHER INPUT FORM

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LEFT

PAGE 073

THE COMMONWEALTH OF MASSACHUSETTS
 FOOD PACKAGE 175

DEPARTMENT OF PUBLIC HEALTH
 MASSACHUSETTS WIC PROGRAM

MANUAL VOUCHER REGISTER/INPUT FORM

ALWAYS COMPLETE HEADER INFORMATION

| PROGRAM CODE | LOCATION CODE | PARTICIPANT ID NUMBER | TRANS TYPE | DISTRIB/VOID DATE | STAFF INIT | PARTICIPANT SIGNATURE |
|-----------------|------------------|--------------------------|---------------|----------------------|------------|-----------------------|
| 002 | 01 | 1170902 | 1 | 07 05 88 | MC | Marilyn Stores |
| 1 | 2 4 | 5 6 7 14 | 15 | 16 21 | | |

| PARTICIPANT LAST NAME | PARTICIPANT FIRST NAME | ISSUE DATE |
|-----------------------------|------------------------|-------------------|
| Line 1 22 23 Stores | 37 38 Marilyn | 51 52 57 07/01/88 |
| Line 2 22 23 024 8280092 | 33 42 017 8280093 | 43 52 025 8280094 |
| 53 62 041 8280095 | 63 72 | |
| Line 3 22 23 | 32 33 42 | 43 52 53 62 63 72 |

GREEN REPLACEMENT MANUAL VOUCHER INPUT FORMS

SUBMIT A GREEN MANUAL VOUCHER INPUT FORM IF FOR ANY REASON THE WHITE PREPRINTED FORM CANNOT BE USED.

COMPLETE ALL FIELDS IN THE HEADER AND LINE 1 (EXCEPT DESIGN. VENDOR). ALL FIELDS ARE CRITICAL FIELDS.

USE LINES 2 AND 3 TO RECORD THE VOUCHER CODE (TYPE) AND SERIAL NUMBER OF EACH MANUAL VOUCHER ISSUED.

KEEP COMPLETED MANUAL VOUCHER INPUT FORMS FOR SEVEN YEARS FROM THE END OF THE FISCAL YEAR TO WHICH THEY PERTAIN.

When completing a green manual voucher input form, make sure that:

1. You record on each form only manual vouchers that have the same issue date.
2. You complete a separate green input form for each participant who receives manual vouchers on any given day.
3. You complete all critical fields so that the computer can accept the input.
4. You copy the participant ID and site code exactly as they appear on the new participant input form or participant report, so that errors do not appear on PNMf report.

FILLING IN THE HEADER. EVERY FIELD IN THE HEADER IS A CRITICAL FIELD (*).

- * Program code. Enter the three digit number that designates your specific local WIC Program. See LOCAL PROGRAM AND SITE CODES section in this Voucher System Manual for codes.
- * Site code. Enter the two-digit code that designates your specific site within the local program. See LOCAL PROGRAM AND SITE CODES section in this Voucher System Manual for codes.
- * Participant identification number. Enter the seven-digit identification number that you have assigned the participant. The computer assigns the eighth digit.
- * Trans. type. The number 1 is pre-printed on the form.

FILLING IN THE HEADER (cont.)

- * Batch date. Enter the date the participant actually received the vouchers (or the date they were voided) by month, day and year using six digits. For example: June 9, 1987 is 06/09/87.

Staff initials. The staff person who distributed (or voided) the vouchers must write her/his initials as soon as the participant signs the input form.

Participant or proxy signature. Make sure the participant or proxy signs here when s/he receives the manual vouchers. The input form thus becomes a receipt for the vouchers.

FILLING IN LINE 1

- * Participant's last name. Enter the participant's last name.
- * First name. Enter the participant's first name.
- Initial. Enter the participant's middle initial. Optional field.
- * Voucher issue date. Enter the six-digit number by month, day and year that represents the date the vouchers are being issued.

** CHECK CRITICAL FIELDS FOR LINE 1 **

FILLING IN LINES 2 AND 3

- * Voucher code. Enter the three-digit code indicating the type of voucher being issued. This code number is printed on the voucher.
- * Voucher serial number. Enter the seven-digit serial number that is printed on the voucher.

Fill out blocks 2 through 10 as necessary, depending on the number of manual vouchers you are issuing.

** CHECK CRITICAL FIELDS FOR LINES 2 AND 3 **

RETAINING MANUAL VOUCHER INPUT FORMS

Keep manual voucher input forms for seven years. File them in serial number order with the Manual Voucher Inventory Log. See MANUAL VOUCHER INVENTORY LOG section in this Voucher System Manual for more information.

SAMPLE REPLACEMENT MANUAL VOUCHER INPUT FORM

THE COMMONWEALTH OF MASSACHUSETTS
 DEPARTMENT OF PUBLIC HEALTH

MANUAL VOUCHER INPUT FORM

| | | | | | | |
|-----------------|--------------|--------------------------------------|----------------|----------------------------------|-----------------------------------|-------------------|
| PROGRAM CODE | SITE CODE | PARTICIPANT IDENTIFICATION NUMBER | TRANS. TYPE | DISTRIB./VOID DATE (MM/DD/YY) | PARTICIPANT OR PROXY SIGNATURE | STAFF INITIALS |
| M | 001 | 01 5710323 | 1 | 042288 | <i>Marta Sanchez</i> | RK |
| 1 | 2 | 4 | 5 | 6 | 7 | 14 |
| 15 | 13 | 21 | | | | |

PLEASE PRINT IN BLUE INK

| | | | |
|------|----------------------------|------------|-------------------------------------|
| LINE | PARTICIPANT'S LAST NAME | FIRST NAME | VOUCHER ISSUE DATE (MM/DD/YY) |
| 1 | SADCHEZ | MARTA | 041888 |
| 22 | 23 | 37 | 51 |
| | | | |

| | | | | | | | | | | | | | | |
|----|-----------------|-----------------------------|-----|-----------------|-----------------------------|---------|-----------------|-----------------------------|----|-----------------|-----------------------------|-----|-----------------|-----------------------------|
| 1. | VOUCHER CODE | VOUCHER SERIAL NUMBER | 2. | VOUCHER CODE | VOUCHER SERIAL NUMBER | 3. | VOUCHER CODE | VOUCHER SERIAL NUMBER | 4. | VOUCHER CODE | VOUCHER SERIAL NUMBER | 5. | VOUCHER CODE | VOUCHER SERIAL NUMBER |
| 2 | 002 | 8881322 | 008 | 8881324 | 014 | 8881325 | 017 | 8881326 | | | | | | |
| 22 | 23 | 25 | 26 | 32 | 33 | 35 | 36 | 42 | 43 | 45 | 46 | 52 | 53 | 55 |
| | | | | | | | | | | | | | | |
| 6. | VOUCHER CODE | VOUCHER SERIAL NUMBER | 7. | VOUCHER CODE | VOUCHER SERIAL NUMBER | 8. | VOUCHER CODE | VOUCHER SERIAL NUMBER | 9. | VOUCHER CODE | VOUCHER SERIAL NUMBER | 10. | VOUCHER CODE | VOUCHER SERIAL NUMBER |
| 3 | | | | | | | | | | | | | | |
| 22 | 23 | 25 | 26 | 32 | 33 | 35 | 36 | 42 | 43 | 45 | 46 | 52 | 53 | 55 |
| | | | | | | | | | | | | | | |

COMBINING MANUAL VOUCHER PACKAGES

THERE ARE A FEW CASES IN WHICH YOU MAY ISSUE TWO MANUAL VOUCHER PACKAGES TO A PARTICIPANT AT THE SAME TIME. TO MAKE SURE BOTH INPUTS ARE ACCEPTED ONTO THE VOUCHER MASTERFILE, FOLLOW THE PROCEDURES BELOW.

You may issue two manual voucher packages to a participant at the same time to:

1. enable a new participant to "catch up" to another family member's pick-up day
2. create a package not available as a manual voucher package
3. issue a package which is not in stock
4. issue more than 4 voucher 699s.

If you submit the input forms for both packages at the same time, one of them will be rejected since the computer will not accept two inputs with the same participant ID number. To make sure both inputs are accepted, either:

- Combine the input forms, OR
- Submit the inputs so that they reach the state WIC office in different input processing cycles. Processing cycles are from Friday afternoon to Wednesday noon, and from Wednesday afternoon to Friday noon.

Combining input forms ensures that input is received promptly. However, for "catch up" packages, another method is recommended. See page 2 of this section.

COMBINING MANUAL VOUCHER INPUT FORMS

In the following instructions, the input form which will be submitted to the state WIC office is referred to as Input A. The input which will not be submitted is referred to as Input B.

1. Select the input form for the package containing the larger number of vouchers. This will be Input A.

2. Copy the voucher type and serial numbers to be used from Input B into the next blank spaces (Line 2 or Line 3) on Input A. Void serial numbers which won't be used, if any, and attach the voided vouchers to Input B.
3. Complete Input A as usual.
4. On Input B, write "prepared with" followed by the food package number and the first serial number from Input A. Write the date and your initials.
5. On the Inventory Log listing Input A, record the package as released and distributed using normal procedures. File the copy of this input with its respective Inventory Log.
6. On the Inventory Log listing Input B, record the package as released using normal procedures. Record the package as distributed using the date the package was combined (as noted on Input B). Flag this entry (an asterisk is recommended) and do not count it when tallying your monthly participation. File both copies of the input with their respective Inventory Log.

ISSUING "CATCH UP" PACKAGES

A "catch up" package is an extra partial package given to a participant who is enrolled in the program at the beginning of the month and who will pick up her/his next set of vouchers in the middle of the next month.

In these cases, give one complete package and issue a second, partial package dated for the beginning of the following month. This allows the participant the appropriate time frames in which to use the vouchers. Hold the input form for the partial package until the next input cycle.

TWO MANUAL VOUCHER PACKAGE 08s COMBINED TO MAKE 1½ PACKAGE 08

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THE COMMONWEALTH OF MASSACHUSETTS
 FOOD PACKAGE 175

DEPARTMENT OF PUBLIC HEALTH
 MASSACHUSETTS WIC PROGRAM

MANUAL VOUCHER REGISTER/INPUT FORM

ALWAYS COMPLETE HEADER INFORMATION

| PROGRAM CODE | LOCATION CODE | PARTICIPANT ID NUMBER | TRANS TYPE | DISTRIB/VOID DATE | STAFF INIT | PARTICIPANT SIGNATURE |
|--------------|---------------|-----------------------|------------|-------------------|------------|-----------------------|
| 002 | 01 | 1639201 | 1 | 7/7/88 | NE | Cynthia Jones |
| 1 | 24 | 50 | 7 | 14 | 15 | 16 21 |

PARTICIPANT LAST NAME: Jones PARTICIPANT FIRST NAME: CYNTHIA ISSUE DATE: 7/5/88

LINE 1 024 8280088 017 8280089 025 8280090 041 8280091 024 8280092

LINE 2 024 8280093

INPUT A

SUBMIT
 ORIGINAL;
 SAVE
 COPY

07/19/88 LEFT PAGE 073

THE COMMONWEALTH OF MASSACHUSETTS
 FOOD PACKAGE 175

DEPARTMENT OF PUBLIC HEALTH
 MASSACHUSETTS WIC PROGRAM

MANUAL VOUCHER REGISTER/INPUT FORM

ALWAYS COMPLETE HEADER INFORMATION

| PROGRAM CODE | LOCATION CODE | PARTICIPANT ID NUMBER | TRANS TYPE | DISTRIB/VOID DATE | STAFF INIT | PARTICIPANT SIGNATURE |
|--------------|---------------|-----------------------|------------|-------------------|------------|-----------------------|
| 002 | 01 | 7 | 14 | 15 | 16 | 21 |

prepared with
 PKG. 175
 8280088
 NE 7/5/88

PARTICIPANT LAST NAME: PARTICIPANT FIRST NAME: ISSUE DATE:

LINE 1

LINE 2 024 8280092 017 8280093 025 8280094 041 8280095

LINE 3

INPUT B

DO NOT
 SUBMIT;
 SAVE
 BOTH
 COPIES

TWO MANUAL VOUCHER PACKAGE 175s COMBINED TO MAKE 1½ PACKAGE 175
 (Log)

| MASSACHUSETTS WIC PROGRAM MANUAL VOUCHER INVENTORY LOG PROGRAM 002-UPHAMS CORNER WIC | | | | PRODUCED 07/19/88 LEFT-PAGE 004 | | |
|--|---------|---------|---------|------------------------------------|----------------|-------------------|
| PACKAGE 175 VOUCHER SERIAL NUMBERS | | | | SITE ____* | | |
| RELEASED FROM INVENTORY BY* DATE* TO SITE | | | | DISTRIB/ VOID DATE | ISSUE MONTH | INPUT ACCEPTED |
| 8280088 | 8280089 | 8280090 | 8280091 | NE 7/5/88 01 C. Jones | 7/7/88 | |
| 8280092 | 8280093 | 8280094 | 8280095 | NE 7/5/88 01 | 7/5/88* | |
| 8280096 | 8280097 | 8280098 | 8280099 | | | |
| 8280100 | 8280101 | 8280102 | 8280103 | | | |
| 8280104 | 8280105 | 8280106 | 8280107 | | | |
| 8280108 | 8280109 | 8280110 | 8280111 | | | |
| 8280112 | 8280113 | 8280114 | 8280115 | | | |
| 8280116 | 8280117 | 8280118 | 8280119 | | | |
| 8280120 | 8280121 | 8280122 | 8280123 | | | |
| 8280124 | 8280125 | 8280126 | 8280127 | | | |
| 8280128 | 8280129 | 8280130 | 8280131 | | | |
| 8280132 | 8280133 | 8280134 | 8280135 | | | |
| 8280136 | 8280137 | 8280138 | 8280139 | | | |
| 8280140 | 8280141 | 8280142 | 8280143 | | | |
| 8280144 | 8280145 | 8280146 | 8280147 | | | |
| 8280148 | 8280149 | 8280150 | 8280151 | | | |

*FILL IN THESE ITEMS ON SITE LOGS / RETAIN LOG AND INPUT FORMS FOR 7 FISCAL YRS / FILL IN ISSUE MNTH IF DIFFERENT THAN DISTRIB MNTH

HV LOG SHOWING PACKAGES CORRESPONDING TO
 IPPOT A ADD IPPOT B

MANUAL VOUCHER PACKAGES 200 AND 290 COMBINED TO MAKE PACKAGE 201
 (Inputs)

| 07/19/88 | | LEFT | | PAGE 321 | |
|---|---------------|--|------------|-------------------|----|
| THE COMMONWEALTH OF MASSACHUSETTS FOOD PACKAGE 200 | | DEPARTMENT OF PUBLIC HEALTH MASSACHUSETTS WIC PROGRAM | | | |
| MANUAL VOUCHER REGISTER/INPUT FORM | | | | | |
| ALWAYS COMPLETE HEADER INFORMATION | | | | | |
| PROGRAM CODE | LOCATION CODE | PARTICIPANT ID NUMBER | TRANS TYPE | DISTRIB/VOID DATE | |
| 1 | 01 | 1237941 | 1 | 7/5/88 | OP |
| 1 | 01 | 7 | 14 | 15 | 16 |
| 22 | 23 | 32 | 33 | 42 | 43 |
| 53 | 52 | 53 | 62 | 63 | 72 |
| PARTICIPANT LAST NAME | | PARTICIPANT FIRST NAME | | ISSUE DATE | |
| Peace | | Maria | | 7/5/88 | |
| 22 | 23 | 32 | 33 | 42 | 43 |
| 53 | 52 | 53 | 62 | 63 | 72 |
| PARTICIPANT LAST NAME | | PARTICIPANT FIRST NAME | | ISSUE DATE | |
| | | | | | |
| 22 | 23 | 32 | 33 | 42 | 43 |
| 53 | 52 | 53 | 62 | 63 | 72 |

STAFF INIT: *OP* PARTICIPANT SIGNATURE: *Maria Perez*

INPUT A

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 SAVE
 COPY

| 07/19/88 | | RIGHT | | PAGE 614 | |
|---|---------------|--|------------|-------------------|----|
| THE COMMONWEALTH OF MASSACHUSETTS FOOD PACKAGE 290 | | DEPARTMENT OF PUBLIC HEALTH MASSACHUSETTS WIC PROGRAM | | | |
| MANUAL VOUCHER REGISTER/INPUT FORM | | | | | |
| ALWAYS COMPLETE HEADER INFORMATION | | | | | |
| PROGRAM CODE | LOCATION CODE | PARTICIPANT ID NUMBER | TRANS TYPE | DISTRIB/VOID DATE | |
| 1 | 01 | 1237941 | 1 | 7/5/88 | OP |
| 1 | 01 | 7 | 14 | 15 | 16 |
| 22 | 23 | 32 | 33 | 42 | 43 |
| 53 | 52 | 53 | 62 | 63 | 72 |
| PARTICIPANT LAST NAME | | PARTICIPANT FIRST NAME | | ISSUE DATE | |
| | | | | | |
| 22 | 23 | 32 | 33 | 42 | 43 |
| 53 | 52 | 53 | 62 | 63 | 72 |
| PARTICIPANT LAST NAME | | PARTICIPANT FIRST NAME | | ISSUE DATE | |
| | | | | | |
| 22 | 23 | 32 | 33 | 42 | 43 |
| 53 | 52 | 53 | 62 | 63 | 72 |

STAFF INIT: *OP* PARTICIPANT SIGNATURE: *prepared with Pkg. 200 8280588 7/5/88 OP*

INPUT B

DO NOT
 SUBMIT;
 SAVE
 BOTH
 COPIES

MANUAL VOUCHER PACKAGES 200 AND 290 COMBINED TO MAKE PACKAGE 201
 (Log)

| MASSACHUSETTS WIC PROGRAM MANUAL VOUCHER INVENTORY LOG PROGRAM 002-UPHAMS CORNER WIC | | | | PRODUCED 07/19/88 LEFT-PAGE 013 | | | |
|--|---------|---------|---------|------------------------------------|-----------------------|----------------|-------------------|
| PACKAGE 200 VOUCHER SERIAL NUMBERS | | | | SITE | DISTRIB/ VOID DATE | ISSUE MONTH | INPUT ACCEPTED |
| RELEASED FROM INVENTORY BY# DATE# TO SITE | | | | | | | |
| 8280588 | 8280589 | 8280590 | 8280591 | DP 7/5/88 | 01 M. Perez | 7/5/88 | |
| 8280592 | 8280593 | 8280594 | 8280595 | | | | |
| 8280596 | 8280597 | 8280598 | 8280599 | | | | |
| 8280600 | 8280601 | 8280602 | 8280603 | | | | |
| 8280604 | 8280605 | 8280606 | 8280607 | | | | |
| 8280608 | 8280609 | 8280610 | 8280611 | | | | |
| 8280612 | 8280613 | 8280614 | 8280615 | | | | |
| 8280616 | 8280617 | 8280618 | 8280619 | | | | |
| 8280620 | 8280621 | 8280622 | 8280623 | | | | |
| 8280624 | 8280625 | 8280626 | 8280627 | | | | |
| 8280628 | 8280629 | 8280630 | 8280631 | | | | |
| 8280632 | 8280633 | 8280634 | 8280635 | | | | |
| 8280636 | 8280637 | 8280638 | 8280639 | | | | |
| 8280640 | 8280641 | 8280642 | 8280643 | | | | |
| 8280644 | 8280645 | 8280646 | 8280647 | | | | |
| 8280648 | 8280649 | 8280650 | 8280651 | | | | |

*FILL IN THESE ITEMS ON SITE LOGS / RETAIN LOG AND INPUT FORMS FOR 7 FISCAL YRS / FILL IN ISSUE MONTH IF DIFFERENT THAN DISTRIB MONTH

MV LOG
 FOR
 PACKAGE 1D
 INPUT A

| MASSACHUSETTS WIC PROGRAM MANUAL VOUCHER INVENTORY LOG PROGRAM 002-UPHAMS CORNER WIC | | | | PRODUCED 07/19/88 RIGHT-PAGE 023 | | | |
|--|--|--|--|-------------------------------------|-----------------------|----------------|-------------------|
| PACKAGE 290 VOUCHER SERIAL NUMBERS | | | | SITE | DISTRIB/ VOID DATE | ISSUE MONTH | INPUT ACCEPTED |
| RELEASED FROM INVENTORY BY# DATE# TO SITE | | | | | | | |
| 8281198 | | | | DP 7/3/88 | 01 A Day | 7/5/88 | |
| 8281199 | | | | DP 7/5/88 | 01 M. Perez | 7/5/88* | |
| 8281200 | | | | | | | |
| 8281201 | | | | | | | |
| 8281202 | | | | | | | |
| 8281203 | | | | | | | |
| 8281204 | | | | | | | |
| 8281205 | | | | | | | |
| 8281206 | | | | | | | |
| 8281207 | | | | | | | |
| 8281208 | | | | | | | |
| 8281209 | | | | | | | |
| 8281210 | | | | | | | |
| 8281211 | | | | | | | |
| 8281212 | | | | | | | |
| 8281213 | | | | | | | |
| 8281214 | | | | | | | |
| 8281215 | | | | | | | |
| 8281216 | | | | | | | |
| 8281217 | | | | | | | |
| 8281218 | | | | | | | |
| 8281219 | | | | | | | |
| 8281220 | | | | | | | |

MV LOG FOR
 PACKAGE 1D
 INPUT B

DISTRIBUTING MANUAL VOUCHERS

FOLLOW ACCOUNTABILITY PROCEDURES WHEN YOU DISTRIBUTE MANUAL VOUCHERS.

Arrange your program's certification and voucher distribution procedures so that under all normal circumstances, the person who distributes vouchers to a WIC participant is not the person who certified her/him.

Ask to see the participant's WIC ID card to make sure the right person gets the vouchers. Have proxies present the participant's WIC ID card and a dated authorization form or dated note signed by both the participant and proxy.

Be sure that the participant is eligible for vouchers this month.

Make sure every person receiving vouchers signs the input form, which serves as a receipt. Immediately write your initials and the date next to the participant's signature.

See the following sections in this Procedure Manual for more information:

- PREPARING MANUAL VOUCHERS
- MANUAL VOUCHER INVENTORY LOG

VOIDING MANUAL VOUCHERS

VOID AND RETAIN ALL MANUAL VOUCHERS THAT CANNOT BE USED.

KEEP VOUCHERS AND RECORDS FOR 7 YEARS FROM THE END OF THE FISCAL YEAR
IN WHICH THEY WERE VOIDED.

You may have to void manual vouchers for the following reasons:

- an error is made when filling in the voucher
- vouchers are filled in for a specific participant but are not given to the participant (e.g. no show for voucher pick-up, wrong food package, etc.)
- a voucher gets torn or otherwise mutilated
- voucher(s) are returned by the participant

PROCEDURE FOR VOIDING MANUAL VOUCHERS

If you are voiding an entire package:

- a. Stamp or mark each voucher "VOID".
- b. Write on the preprinted input form for the package:
 - "ALL VOID"
 - the date the vouchers were voided under DISTRIB/VOID DATE
 - initials of WIC staff who voided the vouchers

See Example A following.

- c. Attach the voided vouchers to both copies of the voided input form.
- d. On the Manual Voucher Inventory Log, write "V" and the date under DISTRIB/VOID DATE.

See Example C in the MANUAL VOUCHER INVENTORY LOG section of this Voucher System Manual.

- e. File the voided vouchers and input form with distributed or voided input forms, in serial number order, with the corresponding Manual Voucher Inventory Log page.

If you are voiding part of a package:

- a. Stamp or mark "VOID" on the vouchers you are not using.
- b. Write on the preprinted input form:
 - "VOID" across the serial numbers of the voided vouchers
 - the date the vouchers were voided
 - the initials of the staff person who voided the vouchers

See Example B following.

- c. Distribute the remaining vouchers using normal procedures.

See the DISTRIBUTING MANUAL VOUCHERS section in this Voucher System Manual.

- d. Attach the voided vouchers to your signed copy of the input form.
- e. On the Manual Voucher Inventory Log, circle and write "V" above the voided serial number(s) and write the date of distribution.

See the MANUAL VOUCHER INVENTORY LOG section in this Voucher System Manual.

- f. File the signed copy and voided vouchers with other distributed or voided input forms, in serial number order, with corresponding Manual Voucher Inventory Log page.
- g. Send one copy of the input form to the state WIC office.

See the following sections in this Voucher System Manual: BATCHING MANUAL VOUCHER INPUT FORMS and MAILING GUIDELINES FOR MANUAL VOUCHER INPUT.

VOIDING MANUAL VOUCHER PACKAGES

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THE COMMONWEALTH OF MASSACHUSETTS
FOOD PACKAGE 175

DEPARTMENT OF PUBLIC HEALTH
MASSACHUSETTS WIC PROGRAM

MANUAL VOUCHER REGISTER/INPUT FORM

ALWAYS COMPLETE HEADER INFORMATION

All Void

| PROGRAM CODE | LOCATION CODE | PARTICIPANT ID NUMBER | TRANS TYPE | DISTRIB/VOID DATE | STAFF INIT | PARTICIPANT SIGNATURE |
|--------------|---------------|-----------------------|------------|-------------------|------------|-----------------------|
| 002 | 02 | 2654322 | 1 | 7/5/88 | DP | |
| 1 2 4 | 5 6 | 7 14 | 15 | 16 21 | | |

PARTICIPANT LAST NAME PARTICIPANT FIRST NAME ISSUE DATE

LINE 1 Train 80 7/5/88

22 23 37 38 51 52 57

LINE 2 024 8280088 017 8280089 025 8230090 041 8280091

22 23 32 33 42 43 52 53 62 63 72

LINE 3

22 23 32 33 42 43 52 53 62 63 72

EXAMPLE A

VOIDIDS
EPTIRE
HV
PACKAGE

07/19/88 LEFT PAGE 073

THE COMMONWEALTH OF MASSACHUSETTS
FOOD PACKAGE 175

DEPARTMENT OF PUBLIC HEALTH
MASSACHUSETTS WIC PROGRAM

MANUAL VOUCHER REGISTER/INPUT FORM

ALWAYS COMPLETE HEADER INFORMATION

| PROGRAM CODE | LOCATION CODE | PARTICIPANT ID NUMBER | TRANS TYPE | DISTRIB/VOID DATE | STAFF INIT | PARTICIPANT SIGNATURE |
|--------------|---------------|-----------------------|------------|-------------------|------------|-----------------------|
| 002 | 02 | 2654321 | 1 | 7/5/88 | DP | Naomi Carley |
| 1 2 4 | 5 6 | 7 14 | 15 | 16 21 | | |

PARTICIPANT LAST NAME PARTICIPANT FIRST NAME ISSUE DATE

LINE 1 Early Naomi 7/5/88

22 23 37 38 51 52 57

LINE 2 024 8280092 017 8280093 025 8280094 041 VOID

22 23 32 33 42 43 52 53 62 63 72

LINE 3

22 23 32 33 42 43 52 53 62 63 72

EXAMPLE B

VOIDIDS
PARTIAL
HV
PACKAGE

SUBMITTING MANUAL VOUCHER INPUT

IN ORDER TO KEEP YOUR VOUCHER MASTERFILE UP TO DATE, SUBMIT BATCHED
MANUAL VOUCHER INPUT TO THE STATE WIC OFFICE ON A REGULAR BASIS.

BATCHING MANUAL VOUCHER INPUT FORMS

TO SUBMIT INFORMATION TO THE VOUCHER MASTERFILE, GROUP TOGETHER ("BATCH") THE ORIGINAL COPIES OF THE INPUT FORMS.

CHECK YOUR INPUT FORMS, ESPECIALLY HEADERS, FOR ACCURACY AND COMPLETENESS IN CRITICAL FIELDS TO REDUCE PNMF AND CASH ERRORS.

SEPARATE ALL OF YOUR MANUAL VOUCHER INPUT FORMS INTO BATCHES BY SITE, AND PREPARE AN INPUT LOG FORM FOR EACH MAILING OF INPUT.

To prepare input for mailing:

- o Staple up to 25 input forms together, all of the same type, from the same site
- o Staple once only, in upper left corner
- o In the upper right corner of the top input form, write and circle the total number of input forms in the batch (see example in this section)
- o Send as many batches of input together as you wish
- o For each envelope of input, enclose one input log listing the totals for each type of input in the envelope (see example in this section)

EXAMPLE OF THE TOP INPUT FORM IN A STAPLED GROUP OF INPUTS

| PROGRAM CODE | | LOCATION CODE | | PARTICIPANT ID NUMBER | | TRANS TYPE | | DISTRIB/VOID DATE | | STAFF INIT | | PARTICIPANT SIGNATURE | |
|--------------|-----|---------------|---------|-----------------------|--------|------------|-------------|-------------------|--|------------|--|-----------------------|--|
| 1 | 002 | 01 | 1237941 | 1 | 7/5/88 | DP | Maria Perez | | | | | | |
| 1 | 24 | 50 | 7 | 14 | 15 | 16 | 21 | | | | | | |

| PARTICIPANT LAST NAME | | | | PARTICIPANT FIRST NAME | | | | ISSUE DATE | | | | | | | | | | | |
|-----------------------|----|----|----|------------------------|----|----|----|------------|--|--|--|-------|--|--|--|--------|--|--|--|
| LINE 1 | 22 | 23 | 37 | 38 | 51 | 52 | 57 | Perez | | | | Maria | | | | 7/5/88 | | | |

| LINE 2 | | 124 | | 8280588 | | 124 | | 8280589 | | 124 | | 8280590 | | 125 | | 8280591 | | 153 | | 8381199 | |
|--------|----|-----|----|---------|----|-----|----|---------|----|-----|--|---------|--|-----|--|---------|--|-----|--|---------|--|
| 22 | 23 | 32 | 33 | 42 | 43 | 52 | 53 | 62 | 63 | 72 | | | | | | | | | | | |

| LINE 3 | | 22 | | 23 | | 32 | | 33 | | 42 | | 43 | | 52 | | 53 | | 62 | | 63 | | 72 | |
|--------|--|----|--|----|--|----|--|----|--|----|--|----|--|----|--|----|--|----|--|----|--|----|--|
| | | | | | | | | | | | | | | | | | | | | | | | |

SAMPLE COMPLETED INPUT LOG FORM

Massachusetts WIC Program

INPUT LOG

(Input Sent to State Office)

Program Name Quincy

Date Mailed 9/30/88

Amount sent: 10 Participant type 1's

- Participant type 2's

20 Manual voucher inputs

- Vendor inputs

MAILING GUIDELINES FOR MANUAL VOUCHER INPUT

SEND YOUR BATCHED INPUT FORMS TO THE STATE OFFICE REGULARLY AND FREQUENTLY, AT LEAST TWICE A WEEK, USING PREPRINTED BUSINESS REPLY MAIL ENVELOPES.

IF YOU DON'T KNOW HOW LONG IT USUALLY TAKES THE POST OFFICE TO DELIVER YOUR INPUT TO THE STATE OFFICE, FIND OUT BY ASKING STATE STAFF TO CHECK THE STATE LOGBOOK.

TAKE MAILING TIME INTO ACCOUNT, AND ESTIMATE MAILING TIME GENEROUSLY.

STATE STAFF WILL INFORM YOU ON REQUEST ABOUT INPUT RECEIVED.

It can take from several days to a week and a half for your manual voucher input to be processed by the WIC computer system, depending on when you mail it and how long the post office takes to deliver it.

Weekly cutoff times for manual voucher input are Wednesday noon and Friday noon.

- Input received by Wednesday noon is included in reports mailed on Friday of the same week.
- Input received by Friday noon is included in reports mailed on Tuesday of the following week.

This schedule may vary somewhat on the week when vouchers are produced, or in case of holidays.

MONTHLY INVENTORY CHECK

ONCE A MONTH, MAKE A PHYSICAL INVENTORY OF ALL MANUAL VOUCHERS ON HAND (ALL MANUAL VOUCHERS NOT DISTRIBUTED OR VOIDED) AND COMPARE IT WITH THE MANUAL VOUCHER INVENTORY LOG.

To carry out the monthly inventory check, use the following procedure:

1. Update the DISTRIB/VOID column on the main Manual Voucher Inventory Log to make it as current as possible.
2. On the Monthly Inventory of Manual Vouchers form, record the serial numbers (in batches when possible) of all manual vouchers on hand. Include manual vouchers at all sites which are in inventory or which have been prepared for a participant but not yet distributed.

The Monthly Inventory of Manual Vouchers form is included in your Originals Packet.

3. Compare the serial numbers listed on the Monthly Inventory of Manual Vouchers form with those on the main Manual Voucher Inventory Log. The serial numbers recorded on the monthly inventory form should be the same as the serial numbers of manual vouchers which have not been either distributed or voided as shown on the main inventory log.
4. Investigate any discrepancies in which vouchers cannot be found and the vouchers have not been recorded as distributed or voided on the main inventory log. You should be able to locate all vouchers which:
 - o have not been released on main and/or site logs

OR

- o have been released on the main log and site logs but not yet distributed or voided on the main Manual Voucher Inventory Log.
5. Record and explain any unresolved discrepancies on the back of the monthly inventory form or an attached sheet. Do not carry unresolved discrepancies forward on subsequent monthly inventory logs.
 6. The Program Director should verify, sign, and date the Monthly Inventory of Manual Vouchers.
 7. Store the Monthly Inventory of Manual Vouchers in the main office. Keep it for seven years from the end of the fiscal year to which it pertains.

- NOTE:
1. The person who makes the physical inventory of manual vouchers on hand should not be the same person who compares the monthly inventory form with the main inventory log.
 2. Manual vouchers which are prepared in advance but not yet distributed are considered to be "on hand"; include them in the physical monthly inventory. These prepared MVs will be easier to inventory if you store them in one location rather than in participant's records. (Corresponding MV input forms can be stored in the participant's records as a reminder that MVs have been prepared.)

USING WEEKLY MANUAL VOUCHER MANAGEMENT REPORTS

MANUAL VOUCHER EDIT, UPDATE AND REJECT LISTINGS ARE SENT TO YOU TWICE A WEEK.

USE THE MANUAL VOUCHER UPDATE, EDIT, AND REJECT LISTINGS REGULARLY TO KEEP YOUR VOUCHER MASTERFILE AS UP-TO-DATE AS POSSIBLE.

Keep your Voucher Masterfile up-to-date to avoid cash errors and PNMF items.

- See the CASH ERRORS section in this Voucher System Manual for a detailed explanation of cash errors.
- See the PARTICIPANTS NOT ON MASTERFILE section of this Voucher System Manual for a detailed explanation of the PNMF listing.

USING THE EDIT, UPDATE, AND REJECT LISTINGS

Use the following procedure to identify all manual voucher input not accepted onto the Voucher Masterfile so that the input can be corrected and resubmitted.

1. Retain signed manual voucher input copies in batches as mailed until you receive the appropriate weekly reports.
2. Compare these copies with the Manual Voucher Update Listing to determine which inputs were accepted.
3. Place a ✓ under INPUT ACCEPTED and note the date accepted on the Manual Voucher Inventory Log for each manual voucher input which is listed on the Update. Check to see that all voucher serial numbers on the input copy have been listed. After checking on the MV Log all input which appears on the Update Listing, you may discard the Update Listing.
4. Compare the remaining input copies with the Edit and Reject Listings. Make corrections and resubmit inputs when possible.
5. Input copies which do not match the Update, Edit or Reject Listings probably have a missing or incorrect program code which cannot be corrected, have been lost in the mail, or were overlooked or incorrectly processed during the keypunch operation.

WIC MANUAL VOUCHER UPDATE LISTING

THE WIC MANUAL VOUCHER UPDATE LISTING LISTS EVERY MANUAL VOUCHER RECORD WHICH HAS BEEN ACCEPTED IN THE VOUCHER MASTERFILE.

The Manual Voucher Update Listing contains all the information accepted from manual voucher input forms. Each voucher serial number accepted is listed along with the voucher type, its date of issue, the program and location code, participant ID number and name, and date of distribution.

The listing is sorted by program and site, and the entries are in voucher serial number order.

MANUAL VOUCHER UPDATE

MIC MANUAL VOUCHER UPDATE
 AS/DF 07/07/88

PAF

| UPHAMS CDRNER MIC | | | | | | | SITE 01 | | |
|-------------------|---------|----------------|----------|------|----------|-----------|------------|-----------------|---------------------|
| VDUCHER ND. | CODE | DATE ISSUED | PROG | SITE | RECIP ID | LAST NAME | FIRST NAME | HOUSEHOLD ID | DATE DISTRIBUTED |
| ADD | 8002067 | 132 | 88-06-27 | 002 | 01 | 70234018 | V | E | 00000000 88-06-27 |
| ADD | 8002068 | 133 | 88-06-27 | 002 | 01 | 70234018 | V | E | 00000000 88-06-27 |
| ADD | 8002069 | 133 | 88-06-27 | 002 | 01 | 70234018 | V | E | 00000000 88-06-27 |
| ADD | 8002070 | 133 | 88-06-27 | 002 | 01 | 70234018 | V | E | 00000000 88-06-27 |
| ADD | 8003357 | 016 | 88-06-15 | 002 | 01 | 07184021 | S | D | 00000000 88-06-23 |
| ADD | 8003358 | 017 | 88-06-15 | 002 | 01 | 07184021 | S | D | 00000000 88-06-23 |
| ADD | 8003359 | 041 | 88-06-15 | 002 | 01 | 07184021 | S | D | 00000000 88-06-23 |
| ADD | 8003360 | 041 | 88-06-15 | 002 | 01 | 07184021 | S | D | 00000000 88-06-23 |
| ADD | 8003881 | 106 | 88-06-15 | 002 | 01 | 03399052 | W | S | 00000000 88-06-22 |
| ADD | 8003882 | 107 | 88-06-15 | 002 | 01 | 03399052 | W | S | 00000000 88-06-22 |
| ADD | 8003883 | 115 | 88-06-15 | 002 | 01 | 03399052 | W | S | 00000000 88-06-22 |
| ADD | 8003884 | 117 | 88-06-15 | 002 | 01 | 03399052 | W | S | 00000000 88-06-22 |
| ADD | 8004641 | 028 | 88-06-08 | 002 | 01 | 70123021 | H | K | 00000000 88-06-21 |
| ADD | 8004642 | 028 | 88-06-08 | 002 | 01 | 70123021 | H | K | 00000000 88-06-21 |
| ADD | 8004643 | 028 | 88-06-08 | 002 | 01 | 70123021 | H | K | 00000000 88-06-21 |
| ADD | 8004644 | 028 | 88-06-08 | 002 | 01 | 70123021 | H | K | 00000000 88-06-21 |
| ADD | 8004645 | 153 | 88-06-08 | 002 | 01 | 70123021 | H | K | 00000000 88-06-21 |
| ADD | 8004646 | 028 | 88-06-01 | 002 | 01 | 06674022 | B | D | 00000000 88-06-27 |
| ADD | 8004647 | 028 | 88-06-01 | 002 | 01 | 06674022 | B | D | 00000000 88-06-27 |
| ADD | 8004648 | 028 | 88-06-01 | 002 | 01 | 06674022 | B | D | 00000000 88-06-27 |
| ADD | 8004649 | 028 | 88-06-01 | 002 | 01 | 06674022 | B | D | 00000000 88-06-27 |
| ADD | 8004650 | 153 | 88-06-01 | 002 | 01 | 06674022 | B | D | 00000000 88-06-27 |
| ADD | 8100897 | 173 | 88-06-21 | 002 | 01 | 11630019 | D | P | 00000000 88-06-21 |
| ADD | 8100898 | 176 | 88-06-21 | 002 | 01 | 11630019 | D | P | 00000000 88-06-21 |
| ADD | 8100899 | 174 | 88-06-21 | 002 | 01 | 11630019 | D | P | 00000000 88-06-21 |
| ADD | 8100900 | 177 | 88-06-21 | 002 | 01 | 11630019 | D | P | 00000000 88-06-21 |

WIC MANUAL VOUCHER EDIT LISTING

THE WIC MANUAL VOUCHER EDIT LISTING RECORDS ERRORS THAT WERE MADE ON
MANUAL VOUCHER INPUT FORMS.

The WIC Manual Voucher Edit Listing lists 2 types of errors made on manual voucher input. The following error flags appear in the far right hand column of the Edit Listing.

REJECTED - The entire record was rejected by the computer due to an error in a critical field.

The record as it appears on the input form is printed with question marks appearing under each character in a field where data is missing or unacceptable. Correct or fill in the missing data on the input copy, copy the corrected input, resubmit the corrected input, and save the copy.

DUPLICATE CARD NUMBER * CARD REJECTED - Two manual voucher inputs each with the same participant identification number were submitted within the same input cycle.

The computer combines the information as follows:

Data from lines 1 and 2 of the first input was accepted and appears on the Manual Voucher Update Listing. Data from lines 1 and 2 of the second input was rejected and appears beside the flag DUPLICATE LINE NUMBER * CARD REJECTED.

If both inputs have data on line 3, only data from line 3 of the first input was accepted and appears on the Manual Voucher Update Listing, and data from line 3 of the second input appears beside DUPLICATE LINE NUMBER * CARD REJECTED.

If only the first input has data on line 3, this data was accepted and appears on the Manual Voucher Update Listing with the data from lines 1 and 2 of this input. However, if only the second input has data on line 3, this data was accepted and appears on the Manual Voucher Update Listing with data from lines 1 and 2 from the first input. Thus, the voucher serial numbers on line 3 of the second input will appear in the Voucher Masterfile as having been issued to the participant listed on the first input.

Unfortunately, there is now no way to make corrections to the Voucher Masterfile. Resubmit corrected inputs when possible and document errors in the Voucher Masterfile as follows:

- When the first input has the correct ID # and was accepted on the Update Listing, and the second input has the wrong ID # and was rejected on the Edit Listing, correct the ID # on the second input, copy the corrected input and resubmit it.
- When the first input has the wrong ID # but was accepted on the Update Listing and the second input has the correct ID # but was rejected on the Edit Listing, write the correct ID # on the first input copy; copy and resubmit the second input.
- When line 3 from the second input was accepted on the Update Listing under the participant's name from the first input, correct the ID # if necessary, then copy and resubmit the second input. On the input mailed to the state office, cross out line 3 as these serial numbers are already in the Voucher Masterfile and will bounce. Beside line 3 on your copy of the second input, note the participant name from the first input (accepted on the Update Listing).

WIC EDIT LISTING AS OF 07/12/88
 NORTH SHORE WIC SITE 01

PAGE 3

| INPUT CODE | PROG | LOC | LOC NUMBER | RECIPIENT TP | DATE | LINE NO | LAST NAME | FIRST NAME | ISSUE DATE | |
|---------------|------|-----|---------------|-----------------|----------|------------|-------------|-------------|---------------|--------------|
| M | 055 | 01 | 0514701 | 1 | 06-23-88 | 1 | MIR | MICHELLE | 06-23-88 | REJECTED |
| | | | | | | | 1ST VOUCHER | 2ND VOUCHER | 3RD VOUCHER | 4TH VOUCHER |
| | | | | | | | ??? | ??????? | | REJECTED |
| | | | | | | | 6TH VOUCHER | 7TH VOUCHER | 8TH VOUCHER | 9TH VOUCHER |
| | | | | | | | | | | 10TH VOUCHER |
| | | | | | | | | | | REJECTED |

* PLEASE RESUBMIT ENTIRE RECORD AS A TYPE 1 TRANSACTION.

M055610576101 1062888/CAS DAVID 062888
 M055610576101 1062888/13062475561306247557

***** DUPLICATE LINE NUMBER * CARD REJECTED
 ***** DUPLICATE LINE NUMBER * CARD REJECTED

* ? BENEATH A FIELD MEANS DATA MISSING OR UNACCEPTABLE. RECORD IS REJECTED. PLEASE RESUBMIT.

WIC MANUAL VOUCHER REJECT LISTING

THE WIC MANUAL VOUCHER REJECT LISTING LISTS ERRORS INVOLVING VOUCHER SERIAL NUMBERS.

There are two types of errors flagged under REASON REJECTED on the WIC Manual Voucher Reject Listing.

1. DUPLICATE ADD - The computer has rejected this input because this voucher serial number has already been accepted in the Voucher Masterfile. This may occur for the following reasons:
 - Your copy of the input was accidentally submitted after the original was accepted. In this case you will have no copy of the input on hand. Make a note on the Manual Voucher Inventory Log.
 - Voucher serial numbers were copied incorrectly when being manually added to an input form, and now they match numbers already accepted in the voucher masterfile. Determine the correct numbers and resubmit the input.
 - Key-punching error. Voucher serial numbers were incorrectly keyed as numbers already in the voucher masterfile. Determine the correct numbers and resubmit.
 - During a prior keypunching operation, voucher serial numbers were miskeyed so that when actual numbers were submitted later, they were rejected as duplicates. This cannot be corrected; note problem on your input copy.
2. DUPLICATE TRANS (TRANSACTION) - The computer has rejected this input because this voucher serial number appeared twice in this input cycle; the serial number gets listed twice on the same Reject Listing. This may occur for the following reasons:
 - The preprinted serial numbers were changed and match serial numbers on other input (also rejected as DUPLICATE TRANS) submitted in the same input cycle. (For this reason, never change preprinted serial numbers.) Correct the problem and resubmit one or both inputs if you can. Otherwise, note the problem on both input copies.

- Voucher serial numbers were copied incorrectly when being manually added to an input form, and now they match numbers already accepted in the voucher masterfile.
- Key-punching error. Copy and resubmit both input copies.

WIC MANUAL VOUCHER REJECT LISTING

This number is already
 RECORDED in the Masterfile

REJECT LISTING
 WIC MANUAL VOUCHER UPDATE
 AS OF 03/16/88

PAGE 1

| | VOUCHER CODE NO. | DATE ISSUED | PROG LOC | RECIP ID | LAST NAME | FIRST NAME | LOC 03 INIT HOUSEHOLD ID | DATE CODED | REASON REJECTED |
|-----|---------------------|----------------|----------|----------|----------------|------------|--------------------------------|---------------|-----------------|
| ADD | 9718632 | 39 88-03-25 | 057 03 | 03052578 | P [REDACTED] | NADIE | 03052578 | 88-03-09 | DUPLICATE ADD |
| ADD | 9748717 | 55 88-01-21 | 057 03 | 03070372 | DEL [REDACTED] | STEVEN | 03070372 | 88-02-09 | DUPLICATE TRANS |
| ADD | 9748717 | 56 88-01-21 | 057 03 | 03070372 | DEL [REDACTED] | STEVEN | 03070372 | 88-02-09 | DUPLICATE TRANS |

Duplicate Voucher Serial numbers

VOUCHER SECURITY

EACH YEAR LOCAL WIC PROGRAMS HANDLE VOUCHERS WORTH MILLIONS OF DOLLARS.

LOCAL AGENCIES ARE FINANCIALLY RESPONSIBLE FOR ALL VOUCHERS THEY HAVE RECEIVED.

TO AVOID LOSS OR THEFT OF VOUCHERS, FOLLOW THE ESTABLISHED PREVENTIVE SECURITY PROCEDURES FOR THE HANDLING OF VOUCHERS.

Make sure you follow all voucher security procedures so you can account for every voucher received.

SAFEGUARDING VOUCHERS AND PROGRAM STAMPS

STORE VOUCHERS AND PROGRAM STAMPS ("MASS. WIC" STAMPS) IN SEPARATE, LOCKED FACILITIES.

STORE ALL MANUAL VOUCHERS SEPARATELY FROM THE CORRESPONDING INPUTS AND INVENTORY LOG.

STORE COMPUTER-GENERATED VOUCHERS SEPARATELY FROM THE CORRESPONDING VOUCHER REGISTER.

To avoid being held liable for any stolen vouchers, follow all the accountability procedures required by the state WIC office, plus any additional measures appropriate to your local program situation.

Never leave vouchers or program stamps unattended. Store the vouchers and stamps in separately locked facilities. This increases the difficulty of validating stolen vouchers.

If you are missing a program stamp, call the state WIC office immediately.

The voucher register, input forms and inventory log are a record of which vouchers have been distributed or voided and which vouchers are on hand. Storing these records separately lessens the likelihood of their being stolen along with vouchers.

PROGRAM STAMPS

MAKE SURE EACH INDIVIDUAL WHO ISSUES WIC VOUCHERS STAMPS THEM WITH HER/HIS INDIVIDUAL PROGRAM STAMP CONTAINING A 4-DIGIT NUMBER INDICATING THE PROGRAM CODE AND INDIVIDUAL IDENTIFICATION NUMBER.

Request program stamps for each member of your staff who distributes vouchers.

1. Give the state WIC office the name and title of the person needing the stamp.
2. The state WIC office enters this information onto the program stamp register, and mails the stamp and a copy of the stamp register to you.
3. Have the person needing the stamp sign and date the stamp register, and return the copy containing the original signature to the state WIC office.

When staff members leave your program, have them sign and date the stamp register when they return the stamp to you.

You may reissue a program stamp to a new staff person using the above procedure.

RECORD OF STAFF SIGNATURES AND INITIALS

FOR EACH FISCAL YEAR, MAINTAIN A LIST OF THE NAMES OF ALL STAFF HANDLING VOUCHERS, WITH A RECORD OF THEIR SIGNATURES AND HANDWRITTEN INITIALS.

KEEP THIS LIST FOR SEVEN YEARS FROM THE END OF THE FISCAL YEAR TO WHICH IT PERTAINS.

This list allows identification of staff later if needed by local program staff, state staff, or auditors.

See the Originals Packet for a copy of this form.

REPORTING LOST OR STOLEN VOUCHERS

IF ANY VOUCHERS ARE MISSING FROM YOUR PROGRAM AND YOU CANNOT ACCOUNT FOR THEM, CALL THE STATE WIC OFFICE IMMEDIATELY.

IF A PARTICIPANT REPORTS HER/HIS VOUCHERS LOST OR STOLEN, CALL THE STATE WIC OFFICE IMMEDIATELY.

When you call the state WIC office to report lost or stolen vouchers, provide the following information:

1. Program name
2. Participant's name (the name on the vouchers)
3. Voucher(s) date of issue
4. Serial number(s) of the voucher(s) that were lost or stolen
5. Whether the vouchers were lost or stolen

The state WIC office gives this information to the WIC bank so that a "stop payment" can be ordered for each voucher reported lost or stolen. The bank will not reimburse any vendor for a voucher on which payment has been stopped.

NOTE: If a vendor accepts, in good faith, a WIC voucher on which payment is stopped, the state WIC office will reimburse the vendor if the voucher has been properly redeemed (stamped, signed, etc.) Have the vendor submit the voucher and an explanation directly to the state WIC office. Bounced-check fees charged to the vendor will also be reimbursed if the vendor sends a copy of the bank statement listing the fee.

When vouchers reported lost or stolen are cashed, the state WIC office examines them for matching signatures. If the signatures match, you will be contacted so that you can take appropriate follow-up measures (including sanctioning, if necessary) with the participant.

MAINTAINING THE PARTICIPANT MASTERFILE

THE PARTICIPANT MASTERFILE IS A COMPUTER FILE CONTAINING INFORMATION ABOUT EACH PARTICIPANT WHO IS CURRENTLY ACTIVE (RECEIVING COMPUTER-GENERATED VOUCHERS) OR INACTIVE (TERMINATED WITHIN THE LAST FOUR MONTHS).

THE INFORMATION IN THE PARTICIPANT MASTERFILE IS USED TO GENERATE VOUCHERS AND TO PRODUCE REPORTS CONTAINING INFORMATION AND STATISTICS ABOUT PARTICIPANTS.

KEEP THE PARTICIPANT MASTERFILE AS CURRENT AS POSSIBLE TO ENSURE PRODUCTION OF CORRECT VOUCHERS AND REPORTS AND TO PROVIDE ACCURATE STATISTICS ON PARTICIPATION WHICH ARE USED BY THE STATE WIC OFFICE TO REQUEST OR SUPPORT FUNDING LEVELS.

KEEP THE PARTICIPANT MASTERFILE ACCURATE AND CURRENT BY:

1. SUBMITTING CORRECT PARTICIPANT INPUT FREQUENTLY, AND
2. USING THE WEEKLY AND MONTHLY PARTICIPANT MANAGEMENT REPORTS TO VERIFY ACCEPTANCE AND ACCURACY OF INPUT.

PARTICIPANT INPUT FORMS

USE PARTICIPANT INPUT FORMS TO ADD INFORMATION ABOUT NEW PARTICIPANTS TO THE PARTICIPANT MASTERFILE AND TO CHANGE INFORMATION ALREADY IN THE MASTERFILE, SO THAT IT IS ALWAYS KEPT CURRENT.

The Participant Input Form is your link with the Participant Masterfile, which contains information about your active and terminated participants. The vouchers and reports produced from this masterfile reflect exactly the information you submit on input forms. Therefore, submit new information carefully and regularly.

Incorrect input forms may result in incorrect vouchers (or no vouchers) and inaccurate reports.

INSTRUCTIONS FOR PARTICIPANT INPUT FORMS

1. Print neatly with ball point pen in blue ink. This makes the input form easier to read for the people who keypunch the information, and reduces keypunch errors.
2. Fill in the information on the input form starting at the left-most position.
3. Some of the information that goes on the input form is "numeric" (numbers only). If numeric information has fewer digits than the number of boxes on the input form, fill the empty boxes on the left with zeroes. This is called "right justifying". Dates, pick-up day, and food package must be right-justified.

Exceptions: the Participant Identification Number and the Household Code should not be "right justified" in the same way. When submitting input on a new WIC participant, leave the eighth digit (on the far right) blank. The computer automatically assigns an eighth digit (a "check digit") to these numbers for control purposes.

4. Some of the information that goes on the input form requires letters as well as numbers ("alpha/numeric" information). For alpha/numeric information you may use as many spaces on the input form as necessary (starting in the left-most box). Leave the unused positions blank. This is called "left justifying".

5. Participant input forms have some areas outlined heavily in black, called "critical fields". When you are entering information on a new participant, fill in all of the critical fields on the input form or the computer will not accept the record.
6. Boxes outlined with heavy broken lines are critical fields for certain types of participants only.
7. Always complete the top line (the "header"). The computer will not accept records with incomplete headers.
8. Write within the vertical lines of each box, using only the number of spaces allowed.
9. Maintain a 2-month supply of participant input forms.

TYPES OF COMPUTER TRANSACTIONS

Use the Participant Input Form for two types of computer transactions:

1. Transaction Type 1 ADDS new participant records to the computer
 (Trans. Type 1) masterfile.
2. Transaction Type 2 CHANGES information in records currently on the
 (Trans. Type 2) computer masterfile.

ADDING A NEW PARTICIPANT ONTO THE PARTICIPANT MASTERFILE
(TRANSACTION TYPE 1)

TO ADD A NEW PARTICIPANT TO THE COMPUTER MASTERFILE, SUBMIT A PARTICIPANT INPUT FORM AS SOON AS POSSIBLE AFTER THE CERTIFICATION.

COMPLETE ALL CRITICAL FIELDS OR THE RECORD WILL NOT BE ACCEPTED.

For a Transaction Type 1 ("Trans. Type 1") make sure that:

1. The participant's identification number does not duplicate another number on your participant masterfile. The computer will not accept more than one Trans. Type 1 on the same identification number. However, you may use a previous participant's identification number if it is no longer listed on the current computer participant report.
2. You submit enough information for the computer to accept the record. The computer will not accept a Trans. Type 1 if you do not fill in all of the "critical fields" on the input form, marked with an * below.
3. You input all dates except "2nd Contact Due" using six digits. For example, enter August 1, 1988 as 08/01/88.
4. The information in optional fields is complete and correct. If not, the input will be rejected.

COMPLETING AN INPUT FORM FOR A NEW PARTICIPANT

HEADER. EACH ENTRY IN THE HEADER IS A CRITICAL FIELD (*). ALWAYS COMPLETE THE HEADER INFORMATION.

- * Program code. Enter the two-digit number for your local WIC Program. See the PROGRAM AND SITE CODES section in this Voucher System Manual for program codes.
- * Site code. Enter the two-digit number for your site within the local program. See the PROGRAM AND SITE CODES section in this Voucher System Manual for site codes.

- * Participant identification number. Enter this number on the input form, using your program's procedure to assign new identification numbers. Do not add the eighth digit; the computer will assign this number. See the section on ASSIGNING PARTICIPANT ID NUMBERS in the Procedure Manual for more information.
- * Trans. type. Enter 1.
- * Batch date. Enter the month, day and year, using six digits.

LINE 1

- * Participant's last name. Enter participant's last name. If it is too long for the field, abbreviate.
- * Participant's first name. Enter participant's first name.
Initial. For middle initial of participant's name. Optional field.
- * Sex. Enter M for male or F for female.
- * Race. Enter the single letter code which designates the participant's racial background. Allowable codes are listed on the input form.

Household code. You may use this field to identify WIC participants who are members of the same family so that the computer can group their vouchers together and print their names together on the Voucher Register. Optional field.

The household code must be the ID number of an active participant. Therefore, use the ID number of the family member you expect to be a participant for the longest period of time. If you do not use the household code, vouchers will be sorted alphabetically by last name.
- * Certification date. Enter the date the participant was first certified, using six digits.
- * Birth date. Enter the participant's date of birth, using six digits.

** CHECK CRITICAL FIELDS FOR LINE 1 **

LINE 2

- * 2nd line of address. Enter the participant's street address. If it is too long, abbreviate.

- 3rd line of address. Use this field to enter any additional information about a participant's address such as RFD #, locality or neighborhood or to record the name of a proxy. Optional field.

** CHECK CRITICAL FIELD FOR LINE 2 **

LINE 3

- * City or town. Enter the name of the participant's city or town, using only the 351 cities and towns and 13 Boston neighborhoods recognized by the Department of Public Health. See the DPH TOWNS section of this Voucher System Manual for more information.

- * Zip code. Enter the five-digit zip code for the participant's address.

- Telephone number. Enter the participant's area code, exchange and number. If information is incorrect (e.g., non-existent area code) or incomplete, the record will be rejected. Optional field.

** CHECK CRITICAL FIELDS FOR LINE 3 **

LINE 4

- Parent, guardian, authorized representative - last name and first name. Enter the first and last name of any person designated to receive vouchers for the participant. Optional field.

- * Pick-up day. Enter the two-digit number for the day of the month on which the participant will come in to pick up vouchers. For example, if her/his pickup day is the seventh of each month, write 07 in the field. VALID PICK-UP DATES ARE THE 1ST THROUGH THE 27TH OF THE MONTH ONLY.

- Recertified date. Using six digits, enter the month, day and year of the participant's most recent certification. See the section on CHANGING INFORMATION ON A RECORD ALREADY IN THE PARTICIPANT MASTERFILE in this Voucher System Manual.

- Termination code. Enter the code for the reason for termination. See the following sections in this Voucher System Manual: CHANGING INFORMATION ON A RECORD ALREADY IN THE PARTICIPANT MASTERFILE, PARTICIPANT INPUT FORM CODES, and WIC PARTICIPANT REPORT.

- Termination date. Using six digits, enter the month, day and year of the date on which the participant was terminated from the program. See the CHANGING INFORMATION ON A PARTICIPANT RECORD ALREADY IN THE PARTICIPANT MASTERFILE section of this Voucher System Manual.

** CHECK CRITICAL FIELD FOR LINE 4 **

LINE 5

- * Participant status. Enter the code for the participant status. Acceptable codes are on the input form.
- * Woman's expected delivery date/Delivery date. For status 1 participants, enter the expected delivery date. For status 2 or 3 participants, enter the actual delivery date. Critical field for statuses 1, 2 and 3.
- * H.S. (Healthy Start) status. Enter the appropriate code as follows:
 - 1 Participant is on Healthy Start.
 - 2 Participant has some other type of insurance such as Medicaid, Blue Cross, etc.
 - 3 You referred the participant to Healthy Start or she is in the process of applying.
 - 4 The participant does not have insurance and you did not refer her to Healthy Start.

Critical field for status 1 only.

Teen risk. Enter the appropriate code as follows:

- 1 The participant was 19 years of age or younger at conception of the most recent pregnancy.
- 2 The participant was more than 19 years of age at conception of the most recent pregnancy.

Optional field for statuses 1, 2, and 3.

- * Food package. Enter the participant's food package number (three digits). The food package must be accompanied by an appropriate status.
- * Priority. Enter the participant's priority code (three digits). The priority code must be accompanied by an appropriate status.

Assessment date. Use this field to record the day a WIC infant first receives formula vouchers (if bottlefed) or the day s/he is assessed (if fully breastfed). Optional field for statuses 4, 6, and 7.

2nd contact due. Enter the date in the future when you want to see the participant for a follow-up appointment. Write only the month and year. Example: enter December, 1988 as 12/88.

Optional program use. Use this space for anything you wish. If you want the data in this field to be tallied, enter it in the first four spaces according to your program's protocol of letters and/or numbers.

Example: to count Haitian participants, place an "H" in the first space for each Haitian you enroll. You will then receive a report tallying all the "H"s in space one.

** CHECK CRITICAL FIELDS FOR LINE 5 **

TYPE 1 PARTICIPANT INPUT FORM
 (Pregnant Woman)

THE COMMONWEALTH OF MASSACHUSETTS
 DEPARTMENT OF PUBLIC HEALTH

PARTICIPANT INPUT FORM

| | | | | |
|-----------------|--------------|--------------------------------------|---------------|--------------------------|
| PROGRAM CODE | SITE CODE | PARTICIPANT IDENTIFICATION NUMBER | TRANS TYPE | BATCH DATE (MM/DD/YY) |
| 081 | 02 | 2634521 | 1 | 061588 |
| 1 | 3 | 6 | 13 | 14 |

| | |
|--|--|
| TRANSACTION TYPE 1 Add 2 Change | READY TO START (STATUS 1 ONLY) 1 Yes 2 Other 3 No: Referred 4 No: Not Referred |
| RACE A. White, not of Hispanic Origin B. Black, not of Hispanic Origin C. Hispanic D. American Indian or Alaskan Native E. Asian or Pacific Islander | PARTICIPANT STATUS 1 Pregnant 2 Post-Partum, Not Nursing 3 Post-Partum, Nursing 4 Breastfed Infant < 5 mo 5 Breastfed Infant ≥ 5 mo 6 Breast- & Bottlefed Infant 7 Bottlefed Infant 8 Child |
| TEEN RISK 1 Yes 2 No | |

PLEASE PRINT IN BLUE INK

| | | | | | | | | | |
|--------------------------|------|--|--------------------------------|-----------------|-----------------------------------|--------------------------|-----------------------------------|-------------------------------------|--------------------------|
| Check for Change | LINE | PARTICIPANT'S LAST NAME | FIRST NAME | INIT | SEX | RACE | HOUSEHOLD CODE | CERTIFICATION DATE (MM/DD/YY) | BIRTH DATE (MM/DD/YY) |
| <input type="checkbox"/> | 1 | DAY | PRISCILLA | | F | B | | 061388 | 102665 |
| Check for Change | LINE | 2ND LINE OF ADDRESS | 3RD LINE OF ADDRESS (OR POBOX) | | | | | | |
| <input type="checkbox"/> | 2 | 11 SUGARBUSH Lane | | | | | | | |
| Check for Change | LINE | CITY OR TOWN | ZIP CODE | AREA | TELEPHONE NUMBER EXCH | NUMBER | | | |
| <input type="checkbox"/> | 3 | WEYmouth | 02188 | 617 | 331 | 3210 | | | |
| Check for Change | LINE | PARENT GUARDIAN OR AUTHORIZED REPRESENTATIVE LAST NAME | FIRST NAME | PICK-UP DATE | RECERTIFIED DATE (MM/DD/YY) | TERMI- NATION CODE | TERMINATION DATE (MM/DD/YY) | | |
| <input type="checkbox"/> | 4 | | | 08 | | | | | |
| Check for Change | LINE | WOMAN'S EXPECTED DELIVERY DATE (MM/DD/YY) | H.S. (STATUS 1 ONLY) | TEEN RISK | FOOD PKG | PRIORITY | ASSESSMENT DATE (MM/DD/YY) | 2ND CONTACT DUE (MM/YY) | FOR OPTIONAL PROGRAM USE |
| <input type="checkbox"/> | 5 | 090888 | 3 | | 175 | 1AX | | 0888 | |
| | 21 | 22 | 23 | 28 | 29 | 30 | 31 | 33 | 34 |

TYPE 1 PARTICIPANT INPUT FORM

(Breastfeeding Woman)

THE COMMONWEALTH OF MASSACHUSETTS
 DEPARTMENT OF PUBLIC HEALTH

PARTICIPANT INPUT FORM

| | | | | |
|-----------------|--------------|--------------------------------------|----------------|--------------------------|
| PROGRAM CODE | SITE CODE | PARTICIPANT IDENTIFICATION NUMBER | TRANS. TYPE | BATCH DATE (MM/DD/YY) |
| 081 | 03 | 3158241 | 1 | 061588 |
| 1 | 3 | 6 | 13 | 14 |

| | |
|--|--|
| TRANSACTION TYPE 1 Add 2 Change | HEALTHY START (STATUS 1 ONLY) 1 Yes 2 Other 3 No: Referral 4 No: Not Referred |
| RACE A. White, not of Hispanic Origin B. Black, not of Hispanic Origin C. Hispanic D. American Indian or Alaskan Native E. Asian or Pacific Islander | PARTICIPANT STATUS 1 Pregnant 2 Post-Partum, Not Nursing 3 Post-Partum, Nursing 4 Breastfed Infant < 5 mo 5 Breastfed Infant ≥ 5 mo 6 Breast- & Bottled Infant 7 Bottled Infant 8 Child |
| TEEN RISK 1 Yes 2 No | |

PLEASE PRINT IN BLUE INK

| | | | | | | | | | | |
|--------------------------|--------|--|---|--------------------------------|-----------------------------|------------------|-----------------------------|-------------------------------|-------------------------|--------------------------|
| Check for Change | LINE 1 | PARTICIPANT'S LAST NAME | FIRST NAME | INIT | SEX | RACE | HOUSEHOLD CODE | CERTIFICATION DATE (MM/DD/YY) | BIRTH DATE (MM/DD/YY) | |
| <input type="checkbox"/> | 21 | CRUZ | LAURA | | F | C | | 06/3/88 | 07/12/68 | |
| Check for Change | LINE 2 | 2ND LINE OF ADDRESS | | 3RD LINE OF ADDRESS (OR PROXY) | | | | | | |
| <input type="checkbox"/> | 21 | 83 Hill Ave | | | | | | | | |
| Check for Change | LINE 3 | CITY OR TOWN | ZIP CODE | AREA | TELEPHONE EXCH | NUMBER | | | | |
| <input type="checkbox"/> | 21 | WALTHAM | 02154 | 617 | 796 | 5428 | | | | |
| Check for Change | LINE 4 | PARENT GUARDIAN OR AUTHORIZED REPRESENTATIVE LAST NAME | FIRST NAME | PICK-UP DAY | RECERTIFIED DATE (MM/DD/YY) | TERMINATION CODE | TERMINATION DATE (MM/DD/YY) | | | |
| <input type="checkbox"/> | 21 | | | 15 | | | | | | |
| Check for Change | LINE 5 | PART STATUS | WOMAN'S EXPECTED DELIVERY DATE (MM/DD/YY) | H/S (STATUS 1 ONLY) | TEEN RISK | FOOD PKG | PRIORITY | ASSESSMENT DATE (MM/DD/YY) | 2ND CONTACT DUE (MM/YY) | FOR OPTIONAL PROGRAM USE |
| <input type="checkbox"/> | 21 | 3 | 052688 | | | 103 | 1BX | | 0888 | |
| | 21 | 22 | 23 | 28 | 29 | 30 | 31 | 33 | 34 | 36 |

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TYPE 1 PARTICIPANT INPUT FORM
 (Child)

THE COMMONWEALTH OF MASSACHUSETTS
 DEPARTMENT OF PUBLIC HEALTH

PARTICIPANT INPUT FORM

| | | | | |
|-----------------|--------------|--------------------------------------|---------------|--------------------------|
| PROGRAM CODE | SITE CODE | PARTICIPANT IDENTIFICATION NUMBER | TRANS TYPE | BATCH DATE (MM/DD/YY) |
| 081 | 01 | 1003202 | 1 | 061588 |
| 1 | 3 | 6 | 13 | 14 |

| | |
|--|--|
| TRANSACTION TYPE 1 Add 2 Change | HEALTHY START (STATUS 1 ONLY) 1. Yes 2. Other 3. No: Referred 4. No: Not Referred |
| RACE A. White, not of Hispanic Origin B. Black, not of Hispanic Origin C. Hispanic D. American Indian or Alaskan Native E. Asian or Pacific Islander | PARTICIPANT STATUS 1. Pregnant 2. Post-Partum, Not Nursing 3. Post-Partum, Nursing 4. Breastfed Infant < 5 mo 5. Breastfed Infant ≥ 5 mo 6. Breast- & Bottled Infant 7. Bottled Infant 8. Child |
| TEEN RISK 1. Yes 2. No | |

PLEASE PRINT IN BLUE INK

| | | | | | | | | | | |
|--------------------------|------|---|---|---------------------|-----------------------------|------------------|-----------------------------|-------------------------------|-------------------------|--------------------------|
| Check for Change | LINE | PARTICIPANT'S LAST NAME | FIRST NAME | INIT | SEX | RACE | HOUSEHOLD CODE | CERTIFICATION DATE (MM/DD/YY) | BIRTH DATE (MM/DD/YY) | |
| <input type="checkbox"/> | 1 | McDonalD | JAMES | | M | A | | 061388 | 112585 | |
| Check for Change | LINE | 2ND LINE OF ADDRESS | 3RD LINE OF ADDRESS (OR PROXY) | | | | | | | |
| <input type="checkbox"/> | 2 | 232 Andrews Street | | | | | | | | |
| Check for Change | LINE | CITY OR TOWN | ZIP CODE | AREA | TELEPHONE NUMBER EXCH | NUMBER | | | | |
| <input type="checkbox"/> | 3 | Worcester | 01603 | 617 | 267 | 1001 | | | | |
| Check for Change | LINE | PARENT, GUARDIAN OR AUTHORIZED REPRESENTATIVE LAST NAME | FIRST NAME | PICK UP DAY | RECERTIFIED DATE (MM/DD/YY) | TERMINATION CODE | TERMINATION DATE (MM/DD/YY) | | | |
| <input type="checkbox"/> | 4 | McDonalD | JANE | 08 | | | | | | |
| Check for Change | LINE | PART STATUS | WOMAN'S EXPECTED DELIVERY DATE (MM/DD/YY) | H S (STATUS 1 ONLY) | TEEN RISK | FOOD PKG | PRIORITY | ASSESSMENT DATE (MM/DD/YY) | 2ND CONTACT DUE (MM/YY) | FOR OPTIONAL PROGRAM USE |
| <input type="checkbox"/> | 5 | 8 | | | | 322 | SAX | | 0988 | |

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CHANGING INFORMATION ON A RECORD ALREADY IN THE PARTICIPANT
MASTERFILE (TRANSACTION TYPE 2)

TO CHANGE ANY INFORMATION ON A PARTICIPANT RECORD ON THE COMPUTER MASTERFILE, SUBMIT A WHITE PARTICIPANT INPUT FORM AS SOON AS POSSIBLE AFTER YOU HAVE THE NEW INFORMATION.

ALWAYS COMPLETE THE HEADER INFORMATION.

For a Transaction Type 2 ("Trans. Type 2"):

1. Make sure that the program code, site code, and participant identification number duplicate exactly the existing record of the active participant whose record needs changing.

The computer will not accept any changes or updates on a participant file with a Trans. Type 2 unless you fill out the top line of the input form (the "header") correctly.

2. Fill in the correct participant data in the appropriate boxes on the input form.

You may change as much or as little information on as many lines as you need to on a single input form. You do not need to fill in the "critical fields" (except for the header information) on a Trans. Type 2.

3. On the far left of the input form, indicate which line(s) contain new information.

Mark the box which says "Check for Change" on each line that contains new information. IF YOU DON'T MARK THIS BOX, THE INFORMATION WILL NOT BE CHANGED AND THE INPUT FORM WILL BE RETURNED TO YOU.

4. Whenever you complete a repeat certification for a participant, enter the following:

Line 4 - the recertification date.

Line 5 - the status, food package, and priority code.

5. If you are changing a participant's priority, enter the appropriate status. If the status is a 1, 2, or 3, enter the EDC or date of delivery.
6. If you are changing a participant's food package, enter the appropriate status. If the status is a 1, 2, or 3, enter the EDC or date of delivery.
7. When you terminate a participant record, include both a termination code and a termination date.
8. To change a woman's status from pregnant to postpartum or nursing, enter the new status code, the delivery date, the new priority, and the food package code. If you do not enter all of this information, the input will be rejected and the computer will still retain the woman's status as pregnant.

Because of the way the computer is programmed, in order to change the woman's priority, you must make an entry in the recertification box. It is recommended that you enter the woman's delivery date in this box.

For status 3 women, use the delivery date for the recert date to keep the woman's recert date the same as her infant's.

9. To delete information on a participant, enter "dummy" information that is easily recognized. For example, if a participant's phone has been disconnected, delete the phone number by changing it to the "dummy" number 617-999-9999 or 413-999-9999. If you want to delete the third line of someone's address, enter the "dummy" address of XXXXX.

NOTE: To make it easier to identify and correct Type 2 inputs which get rejected by the computer, write the participant's name in the blank space below the Participant Identification Number. See the error flag "No Match Trans Type Change" in the WIC RECIPIENT UPDATE REJECTS LISTING section of this Voucher System Manual.

TYPE 2 PARTICIPANT INPUT FORM

(Recert date, status, food package, and priority)

THE COMMONWEALTH OF MASSACHUSETTS
 DEPARTMENT OF PUBLIC HEALTH

PARTICIPANT INPUT FORM

| | | | | |
|-----------------|--------------|--------------------------------------|---------------|--------------------------|
| PROGRAM CODE | SITE CODE | PARTICIPANT IDENTIFICATION NUMBER | TRANS TYPE | BATCH DATE (MM/DD/YY) |
| 081 | 02 | 2371640 | 2 | 061388 |
| 1 | 3 | 6 | 13 | 14 |
| | | | | 15 |
| | | | | 20 |

| | |
|---|--|
| TRANSACTION TYPE 1 Add 2 Change | HEALTHY START (STATUS 1 ONLY) 1 Yes 2 Other 3 No, Referral 4 No, Not Referred |
| RACE A White, not of Hispanic Origin B Black, not of Hispanic Origin C Hispanic D American Indian or Alaskan Native E Asian or Pacific Islander | PARTICIPANT STATUS 1 Pregnant 2 Post-Partum, Not Nursing 3 Post-Partum, Nursing 4 Breastfed Infant < 5 mo 5 Breastfed Infant ≥ 5 mo 6 Breast- & Bottled Infant 7 Bottled Infant 8 Child |
| TEEN RISK 1 Yes 2 No | |

A. KARA

PLEASE PRINT IN BLUE INK

| | | | | | | | | | | |
|---|--------------|---|----------------------------|--------------------------------------|-----------------------------------|------------------------|-----------------------------------|-------------------------------------|--------------------------------|--|
| Check for Change <input type="checkbox"/> | LINE 1 21 | PARTICIPANT'S LAST NAME 22 | FIRST NAME 36 | INIT 50 | SEX 51 | RACE 52 | HOUSEHOLD CODE 53 | CERTIFICATION DATE (MM/DD/YY) 54 | BIRTH DATE (MM/DD/YY) 55 | |
| Check for Change <input type="checkbox"/> | LINE 2 21 | 2ND LINE OF ADDRESS 22 | | 3RD LINE OF ADDRESS (OR PROXY) 46 | | | | | | |
| Check for Change <input type="checkbox"/> | LINE 3 21 | CITY OR TOWN 22 | | ZIP CODE 46 | AREA 47 | EXCH 51 | NUMBER 52 | TELEPHONE NUMBER 53 | | |
| Check for Change <input checked="" type="checkbox"/> | LINE 4 21 | PARENT, GUARDIAN OR AUTHORIZED REPRESENTATIVE LAST NAME 22 | FIRST NAME 36 | PICK-UP DAY 50 | RECERTIFIED DATE (MM/DD/YY) 51 | TERMINATION CODE 52 | TERMINATION DATE (MM/DD/YY) 53 | 061388 | | |
| Check for Change <input checked="" type="checkbox"/> | LINE 5 21 | WOMAN'S EXPECTED DELIVERY DATE/ (MM/DD/YY) 22 | H.S. (STATUS 1 ONLY) 23 | TEEN RISK 24 | FOOD PKG 25 | PRIORITY 26 | ASSESSMENT DATE (MM/DD/YY) 27 | 2ND CONTACT DUE (MM/YY) 28 | FOR OPTIONAL PROGRAM USE 29 | |

TYPE 2 PARTICIPANT INPUT FORM
(Woman's status and food package)

THE COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC HEALTH

PARTICIPANT INPUT FORM

| | | | | |
|-----------------|--------------|--------------------------------------|----------------|--------------------------|
| PROGRAM CODE | SITE CODE | PARTICIPANT IDENTIFICATION NUMBER | TRANS. TYPE | BATCH DATE (MM/DD/YY) |
| 081 | 01 | 1236142 | 2 | 061388 |
| 1 3 | 4 5 | 6 13 | 14 | 15 20 |

| | |
|---|--|
| TRANSACTION TYPE 1 Add 2 Change | HEADONY START (STATUS 1 ONLY) 1 Yes 2 Other 3 No: Referral 4 No: Not Referred |
| RACE A White, not of Hispanic Origin B Black, not of Hispanic Origin C Hispanic D American Indian or Alaskan Native E Asian or Pacific Islander | PARTICIPANT STATUS 1 Pregnant 2 Post-Partum, Not Nursing 3 Post-Partum, Nursing 4 Breastfed Infant < 5 mo 5 Breastfed Infant ≥ 5 mo 6 Breast- & Bottled Infant 7 Bottled Infant 8 Child |
| TEEN RISK 1 Yes 2 No | |

P. K Brown

PLEASE PRINT IN BLUE INK

| | | | | | | | | | | |
|---|--------------|--|---------------------------------|--------------------------------------|--|--------------------------------|---|---|--------------------------------|--|
| Check for Change <input type="checkbox"/> | LINE 1 21 | PARTICIPANT'S LAST NAME 22 | FIRST NAME 36 | INIT 50 | SEX 51 | RACE 52 | HOUSEHOLD CODE 53 | CERTIFICATION DATE (MM/DD/YY) 61 | BIRTH DATE (MM/DD/YY) 62 | |
| Check for Change <input type="checkbox"/> | LINE 2 21 | 2ND LINE OF ADDRESS 22 | | 3RD LINE OF ADDRESS (OR PROXY) 46 | | | | | | |
| Check for Change <input type="checkbox"/> | LINE 3 21 | CITY OR TOWN 22 | | ZIP CODE 46 | AREA 47 | EXCH 51 | TELEPHONE NUMBER 52 | NUMBER 54 | 58 | |
| Check for Change <input checked="" type="checkbox"/> | LINE 4 21 | PARENT, GUARDIAN OR AUTHORIZED REPRESENTATIVE LAST NAME 22 | FIRST NAME 36 | PICK-UP DAY 51 | RECERTIFIED DATE (MM/DD/YY) 52-53 | TERMI- NATION CODE 54 | TERMINATION DATE (MM/DD/YY) 59 | 60 | 66 | |
| Check for Change <input checked="" type="checkbox"/> | LINE 5 21 | WOMAN'S EXPECTED DELIVERY DATE / DELIVERY DATE (MM/DD/YY) 22 | H S (STATUS 1 ONLY) 28 | TEEN RISK 29 | FOOD PKG 30 | PRIORITY 31 | ASSESSMENT DATE (MM/DD/YY) 33 | 2ND CONTACT DUE (MM/YY) 34 | FOR OPTIONAL PROGRAM USE 37 | |

11/87

TYPE 2 PARTICIPANT INPUT FORM
 (Termination)

THE COMMONWEALTH OF MASSACHUSETTS
 DEPARTMENT OF PUBLIC HEALTH

PARTICIPANT INPUT FORM

| | | | | |
|-----------------|--------------|--------------------------------------|---------------|--------------------------|
| PROGRAM CODE | SITE CODE | PARTICIPANT IDENTIFICATION NUMBER | TRANS TYPE | BATCH DATE (MM/DD/YY) |
| 081 | 02 | 2611248 | 2 | 061388 |
| 1 3 | 4 5 | 6 13 | 14 | 15 20 |

| | |
|--|---|
| TRANSACTION TYPE 1 Add 2 Change | HEALTHY START (STATUS 1 ONLY) 1 Yes 2 Other 3 No, Referral 4 No, Not Referred |
| RACE A White, not of Hispanic Origin B Black, not of Hispanic Origin C Hispanic D American Indian or Alaskan Native E Asian or Pacific Islander | PARTICIPANT STATUS 1 Pregnant 2 Post-Partum, Not Nursing 3 Post-Partum, Nursing 4 Breastfed Infant < 5 mo 5 Breastfed Infant ≥ 5 mo 6 Breast & Bottled Infant 7 Bottled Infant 8 Child |
| TEEN RISK 1 Yes 2 No | |

B. Green

PLEASE PRINT IN BLUE INK

Check
for
Change

☐

| | | | | | | | | |
|------|----------------------------|------------|------|-----|------|-------------------|-------------------------------------|--------------------------|
| LINE | PARTICIPANT'S LAST NAME | FIRST NAME | INIT | SEX | RACE | HOUSEHOLD CODE | CERTIFICATION DATE (MM/DD/YY) | BIRTH DATE (MM/DD/YY) |
| 1 | 21 22 36 | 37 50 | 51 | 52 | 53 | 54 61 | 62 67 | 68 73 |

Check
for
Change

☐

| | | |
|------|---------------------|--------------------------------|
| LINE | 2ND LINE OF ADDRESS | 3RD LINE OF ADDRESS (OR PROXY) |
| 2 | 21 22 46 | 47 71 |

Check
for
Change

☐

| | | | | | |
|------|--------------|----------|-------|--------------------------|--------|
| LINE | CITY OR TOWN | ZIP CODE | AREA | TELEPHONE NUMBER EXCH | NUMBER |
| 3 | 21 22 46 | 47 51 | 52 54 | 55 57 | 58 61 |

Check
for
Change

☒

| | | | | | | |
|------|--|------------|----------------|-----------------------------------|--------------------------|-----------------------------------|
| LINE | PARENT GUARDIAN OR AUTHORIZED REPRESENTATIVE LAST NAME | FIRST NAME | PICK UP DAY | RECERTIFIED DATE (MM/DD/YY) | TERMI- NATION CODE | TERMINATION DATE (MM/DD/YY) |
| 4 | 21 22 36 | 37 51 | 52-53 | 54 59 | 60 | 61 66 |

Check
for
Change

☐

| | | | | | | | | | |
|------|----------------|---|---------------------------|--------------|-------------|----------|----------------------------------|-------------------------------|--------------------------|
| LINE | PART STATUS | WOMAN'S EXPECTED DELIVERY DATE (MM/DD/YY) | H/S (STATUS 1 ONLY) | TEEN RISK | FOOD PKG | PRIORITY | ASSESSMENT DATE (MM/DD/YY) | 2ND CONTACT DUE (MM/YY) | FOR OPTIONAL PROGRAM USE |
| 5 | 21 22 | 23 28 | 29 | 30 | 31 33 | 34 36 | 37 42 | 43 46 | 47 56 |

11/87

SUBMITTING PARTICIPANT INPUT

TO KEEP YOUR PARTICIPANT MASTERFILE UP TO DATE, SUBMIT YOUR BATCHED PARTICIPANT INPUT TO THE STATE WIC OFFICE ON A REGULAR BASIS.

BATCHING PARTICIPANT INPUT FORMS

TO SUBMIT INFORMATION TO THE PARTICIPANT MASTERFILE, GROUP TOGETHER ("BATCH") THE ORIGINAL COPIES OF THE INPUT FORMS.

CHECK YOUR INPUT FORMS, ESPECIALLY HEADERS, FOR ACCURACY AND COMPLETENESS IN CRITICAL FIELDS.

SEPARATE ALL OF YOUR PARTICIPANT INPUT FORMS INTO APPROPRIATE BATCHES, AND PREPARE AN INPUT LOG FORM FOR EACH MAILING OF INPUT.

Group the original copies of the participant input forms by:

1. Transaction type (Trans. Type 1 or Type 2)
2. Site (location code)

For example, if you have Type 1 and Type 2 input for each of 2 sites, you will have 4 batches of input.

To prepare input for mailing:

- o Staple up to 25 input forms together, all of the same type, from the same site
- o Staple once only, in upper left corner
- o In the upper right corner of the top input form, write and circle the total number of input forms in the batch (see example in this section)
- o Send as many batches of input together as you wish
- o For each envelope of input, enclose one input log listing the totals for each type of input in the envelope (see example in this section)

EXAMPLE OF TOP INPUT FORM IN A STAPLED GROUP OF INPUTS

THE COMMONWEALTH OF MASSACHUSETTS
 DEPARTMENT OF PUBLIC HEALTH

PARTICIPANT INPUT FORM

17

| | | | | |
|---------------------|-----------------|--|-----------------|---------------------------------|
| PROGRAM CODE 081 | SITE CODE 01 | PARTICIPANT IDENTIFICATION NUMBER 1003202 | TRANS TYPE 1 | BATCH DATE (MM/DD/YY) 061588 |
|---------------------|-----------------|--|-----------------|---------------------------------|

| | |
|---|--|
| TRANSACTION TYPE 1 Add 2 Change | HEALTHY START (STATUS 1 ONLY) 1 Yes 2 Other 3 No Referral 4 No Not Referred |
| RACE A White not of Hispanic Origin B Black not of Hispanic Origin C Hispanic D American Indian or Alaskan Native E Asian or Pacific Islander | PARTICIPANT STATUS 1 Pregnant 2 Post-Partum Not Nursing 3 Post-Partum Nursing 4 Breastfed Infant < 5 mo 5 Breastfed Infant ≥ 5 mo 6 Breast- & Bottled Infant 7 Bottled Infant 8 Child |
| TEEN RISK 1 Yes 2 No | |

PLEASE PRINT IN BLUE INK

| | | | | | | | | | |
|------------------|--------|---|---|--------------------------------|-----------------------------|-------------------|-----------------------------|---|---------------------------------|
| Check for Change | LINE 1 | PARTICIPANT'S LAST NAME McDonALD | FIRST NAME JAMES | INIT M | SEX A | RACE A | HOUSEHOLD CODE | CERTIFICATION DATE (MM/DD/YY) 061388 | BIRTH DATE (MM/DD/YY) 112585 |
| Check for Change | LINE 2 | 2ND LINE OF ADDRESS 232 ANDREWS STREET | | 3RD LINE OF ADDRESS (OR PROXY) | | | | | |
| Check for Change | LINE 3 | CITY OR TOWN WORCESTER | | | | ZIP CODE 01603 | AREA 617 | TELEPHONE NUMBER EXCH 267 | NUMBER 1001 |
| Check for Change | LINE 4 | PARENT, GUARDIAN OR AUTHORIZED REPRESENTATIVE LAST NAME McDonALD | FIRST NAME JANE | PICK-UP DAY 08 | RECERTIFIED DATE (MM/DD/YY) | TERMINATION CODE | TERMINATION DATE (MM/DD/YY) | | |
| Check for Change | LINE 5 | PART STATUS 8 | WOMAN'S EXPECTED DELIVERY DATE (MM/DD/YY) | M.S. (STATUS 1 ONLY) | TEEN RISK | FOOD PKG 322 | PRIORITY 5AX | ASSESSMENT DATE (MM/DD/YY) | 2ND CONTACT DUE (MM/YY) 0988 |

Krwc 11/87

SAMPLE COMPLETED INPUT LOG FORM

Massachusetts WIC Program

INPUT LOG

(Input Sent to State Office)

Program Name LAURENCE

Date Mailed 9/25/88

Amount sent: 10 Participant type 1's

— Participant type 2's

20 Manual voucher inputs

— Vendor inputs

MAILING GUIDELINES FOR PARTICIPANT INPUT

SEND YOUR BATCHED INPUT FORMS TO THE STATE OFFICE REGULARLY AND FREQUENTLY, AT LEAST TWICE A WEEK, USING PREPRINTED BUSINESS REPLY MAIL ENVELOPES.

IF YOU DON'T KNOW HOW LONG IT USUALLY TAKES THE POST OFFICE TO DELIVER YOUR INPUT TO THE STATE OFFICE, FIND OUT BY ASKING STATE STAFF TO CHECK THE STATE LOGBOOK.

TAKE MAILING TIME INTO ACCOUNT, AND ESTIMATE MAILING TIME GENEROUSLY.

STATE WIC STAFF WILL INFORM YOU ABOUT INPUT RECEIVED, ON REQUEST.

It can take from several days to a week and a half for your input to be processed by the WIC computer system. There are two deadlines you need to be aware of in order to get up-to-date reports and vouchers.

WEEKLY

Reports reflecting participant input are produced twice a week and are normally mailed to local programs on Tuesdays and Fridays.

- * IF YOUR INPUT REACHES THE STATE OFFICE ON WEDNESDAY AFTERNOON, THURSDAY, OR FRIDAY MORNING, IT WILL APPEAR ON THE REPORTS MAILED THE NEXT TUESDAY.
- * IF YOUR INPUT REACHES THE STATE OFFICE ON FRIDAY AFTERNOON, MONDAY, TUESDAY, OR WEDNESDAY MORNING, IT WILL APPEAR ON THE REPORTS MAILED THE NEXT FRIDAY.

MONTHLY

Vouchers and management reports are produced monthly and are delivered to local programs on a scheduled day around the 24th of the month.

- * IF YOUR INPUT IS ACCURATE AND COMPLETE AND REACHES THE STATE OFFICE BY NOCN OF INPUT CUTOFF DAY (around the 18th of the month), IT WILL APPEAR ON THE MONTHLY REPORTS AND VOUCHERS DELIVERED AROUND THE 24TH OF THE MONTH.

DATA FOR PARTICIPANT INPUT FORMS

USE THE FOLLOWING LISTINGS WHEN PREPARING PARTICIPANT INPUT FORMS:

- LOCAL PROGRAM AND SITE CODES
- ALPHA LISTING OF DPH TOWNS
- MASSACHUSETTS LOCALITIES
- OTHER PARTICIPANT INPUT FORM CODES

LOCAL PROGRAM AND SITE CODES

EACH PARTICIPANT INPUT FORM MUST CONTAIN THE CORRECT CODES DESIGNATING THE LOCAL PROGRAM AND SITE FROM WHICH THE VOUCHERS WERE ISSUED.

All current Massachusetts WIC programs, with their program and site codes, are listed below.

| PROGRAM NAME | PROGRAM CODE | SITE CODES |
|-------------------------|--------------|---|
| UPHAM'S CORNER WIC | 002 | site 01 Upham's Corner Health Center site 02 Little House Health Center site 03 Bowdoin Street Health Center site 07 Codman Square Health Center site 09 Dorchester House |
| DORCHESTER/ROXBURY WIC | 004 | site 01 Harvard Street Health Center site 02 Roxbury Comprehensive Community Health Center |
| SOUTH END WIC | 005 | site 01 South End Community Health Center site 02 South Cove Health Center site 03 Dimock Street Health Center |
| CHARLESTOWN/CHELSEA WIC | 007 | site 01 MGH: Bunker Hill Health Center site 02 MGH: Chelsea Memorial Health Center site 03 MGH: Revere |
| EAST BOSTON WIC | 008 | site 01 East Boston Neighborhood Health Center |
| JAMAICA PLAIN WIC | 009 | site 01 Brookside Park Family Life Center site 02 Southern Jamaica Plain Health Center site 03 Martha Eliot Health Center |

| PROGRAM NAME | PROGRAM CODE | SITE CODES |
|-------------------------------------|--------------|--|
| <hr/> | | |
| ROXBURY WIC | 010 | site 01 Whittier Street Health Center site 02 Parker Hill/Fenway site 03 Roxbury/North Dorchester APAC site 05 Boston City Hospital site 06 Haitian League |
| ALLSTON/BRIGHTON WIC | 012 | site 03 St. Elizabeth's Hospital site 04 Watertown Health Center site 06 Newton site 07 Needham |
| QUINCY WIC | 013 | site 01 Quincy City Hospital site 04 Hull Medical Center site 05 Dedham site 06 Weymouth Youth Office site 07 Norwood |
| SOUTH BOSTON WIC | 016 | site 01 McCormack Health Center site 02 South Boston Health Center site 03 Multi-Service Center |
| SOUTH DORCHESTER/ ROSLINDALE WIC | 017 | site 01 Neponset Health Center site 02 Mattapan Health Center site 03 Roslindale Health Center |
| SPRINGFIELD WIC | 019 | site 01 Springfield site 02 Brightwood site 04 7 Orleans Street, Springfield |
| FRAMINGHAM WIC | 041 | site 01 Framingham Union Hospital site 02 Framingham: Main Office site 03 Marlboro Hospital and Marlboro Resource Center site 04 Leonard Morse Hospital site 05 Maynard Elks Club |
| ATHOL WIC | 043 | site 01 Human Resource Center site 02 Gardner CAC and Gardner VNA site 03 Winchendon site 04 Barre |

| PROGRAM NAME | PROGRAM CODE | SITE CODES | |
|------------------------|--------------|------------|--|
| HAMPSHIRE COUNTY WIC | 044 | site 01 | Northampton |
| | | site 02 | Huntington |
| | | site 03 | Amherst |
| | | site 04 | Easthampton |
| | | site 06 | South Hadley |
| PLYMOUTH WIC | 045 | site 01 | Plymouth |
| | | site 02 | Wareham |
| | | site 03 | Middleboro |
| | | site 04 | Marshfield |
| HOLYOKE/CHICOPEE WIC | 050 | site 01 | Chicopee |
| | | site 03 | Holyoke |
| | | site 04 | South Holyoke |
| | | site 05 | Ludlow |
| | | site 06 | Westfield |
| SOUTH BERKSHIRE WIC | 052 | site 01 | Great Barrington |
| LOWELL WIC | 053 | site 01 | Lowell WIC: CTI |
| | | site 02 | Billerica |
| | | site 03 | Lowell General Prenatal Clinic |
| | | site 04 | JFK Civic Center |
| LAWRENCE WIC | 054 | site 01 | GLCAC, Inc. |
| NORTH SHORE WIC | 055 | site 01 | Lynn Health Center |
| | | site 02 | Point Neighborhood Community Services Center |
| | | site 03 | Peabody |
| | | site 04 | Beverly |
| | | site 05 | Gloucester |
| | | site 06 | Ipswich |
| | | site 07 | Danvers |
| SOMERVILLE/MEDFORD WIC | 056 | site 01 | Mystic Health Center |
| | | site 03 | Wilmington Regional Health Center |
| | | site 04 | Somerville Hospital |
| | | site 05 | Union Square |
| | | site 07 | Lawrence Memorial Hospital |
| | | site 09 | Choate Hospital |

| PROGRAM NAME | PROGRAM CODE | SITE CODES |
|---------------------|--------------|---|
| CAMBRIDGE WIC | 057 | site 03 Windsor Street Clinic site 07 Fitzgerald Clinic site 08 Waltham Hospital site 09 East Cambridge |
| FALL RIVER WIC | 058 | site 01 Fall River |
| BERKSHIRE WIC | 059 | site 01 North Adams - 85 Main Street site 02 Adams Community Center site 06 Dalton Community Center site 07 Pittsfield: North Street site 08 Hillcrest Health Center: Lee site 09 Women's Service Center |
| NEW BEDFORD WIC | 060 | site 01 New Bedford WIC-Site 01-95 Cedar Street site 02 North End Community Center site 03 Greater New Bedford Community Health Center |
| HAVERHILL WIC | 061 | site 01 Newburyport C.A.I. site 02 Amesbury C.A.I. site 03 Haverhill C.A.I. |
| WORCESTER WIC | 062 | site 01 Great Brook Valley Health Center site 02 Family Health & S.S. Center site 03 School Age Mothers Program site 04 Grafton |
| FRANKLIN COUNTY WIC | 063 | site 01 Greenfield/VNHS site 03 West Co./Mohawk Valley Med. Ctr. site 08 Orange/Amory |
| NORTH CENTRAL WIC | 064 | site 01 Leominster site 02 Ayer site 04 Clinton site 05 Fitchburg |

| PROGRAM NAME | PROGRAM CODE | SITE CODES | |
|---------------------------|--------------|------------|---------------------------------------|
| BROCKTON WIC | 065 | site 01 | Brockton |
| | | site 03 | Rockland |
| SOUTH CENTRAL WIC | 066 | site 01 | Southbridge |
| | | site 02 | Ware |
| | | site 11 | Webster |
| | | site 13 | Milford |
| TAUNTON WIC | 067 | site 01 | Taunton |
| | | site 03 | Rehoboth/Seekonk |
| | | site 04 | Attleboro |
| MALDEN/REVERE WIC | 070 | site 01 | Malden Hospital |
| | | site 02 | Revere |
| | | site 03 | Wakefield |
| CAPE COD WIC | 071 | site 01 | Hyannis |
| | | site 02 | Martha's Vineyard |
| | | site 03 | Falmouth |
| | | site 04 | Mashpee and Mashpee Tribal Council |
| | | site 05 | Provincetown |
| | | site 06 | Nantucket |
| | | site 07 | Otis |
| MASSACHUSETTS WIC PROGRAM | 088 | site 01 | State office use |

DPH TOWNS

USE ONLY THE CITY, TOWN AND NEIGHBORHOOD NAMES IN THE "ALPHA LISTING OF DPH TOWNS" LIST INCLUDED IN THIS SECTION.

USE THE LOCALITIES LISTING TO FIND THE DPH CITY OR TOWN TO WHICH LOCALITIES BELONG.

SPELL CITY, TOWN, AND NEIGHBORHOOD NAMES EXACTLY AS THEY APPEAR IN THE "ALPHA LISTING OF DPT TOWNS" LIST.

INPUT WITH TOWN NAMES MISSPELLED WILL BE REJECTED BY THE COMPUTER.

DPH town codes provide the data by which the state WIC office determines where participants live so that caseload, funds and staff can be allocated equitably. The computer assigns DPH town codes based on the town name on the input form.

USING THE CORRECT TOWN NAME

The "Alpha Listing of DPH Towns" in this section lists the 351 cities and towns and the 13 Boston neighborhoods the computer will accept. When filling out the participant's address on the input form:

- ** Use only these city, town and neighborhood names.
- ** Spell the city or town name exactly as it appears on the list.
- ** Do not use locality names. If you wish to have a locality name such as Onset or Indian Orchard appear on the participant record, write it in the "THIRD LINE OF ADDRESS" box. (See Example A in this section.)

- ** Use the participant's neighborhood name if s/he lives in Boston. Use only the following neighborhood names for Boston participants:

| <u>NAME</u> | <u>INCLUDES</u> |
|---------------|---|
| ALLSTON | |
| BOSTON | Back Bay, Beacon Hill, Kenmore Square, North End, South Cove, South End, West End |
| BRIGHTON | |
| CHARLESTOWN | |
| DORCHESTER | Codman Square, Fields Corner, Grove Hall, Neponset, Savin Hill, Uphams Corner, etc. |
| E BOSTON | |
| HYDE PARK | |
| JAMAICA PLAIN | |
| MATTAPAN | |
| ROSLINDALE | |
| ROXBURY | |
| S BOSTON | |
| W ROXBURY | |

If you wish to have the specific neighborhood (e.g., Savin Hill, South Cove) appear on the participant record, write it in the "THIRD LINE OF ADDRESS" box on the input form. (See Example B in this section.)

- ** If a participant's locality is not listed in the "Alpha Listing of DPH Towns", look it up in the "Massachusetts Localities" booklet which has been provided to each local WIC program by the state office. This booklet lists every Massachusetts locality and the DPH city or town to which it belongs.

Make a reference list for all the cities, towns and localities you use, listing the correct spelling for each town and the correct town for each locality. Post this list wherever you prepare input forms. Example:

TOWN REFERENCE LIST

| | |
|-----------------------------------|---------------------------------------|
| BARNSTABLE | NORTH TRURO part of TRURO |
| BASS RIVER part of YARMOUTH | OAK BLUFFS |
| BOURNE | OTIS AIR FORCE BASE .. part of BOURNE |
| DENNIS | TEATICKET part of FALMOUTH |
| EAST DENNIS part of DENNIS | W TISBURY |

ALPHA LISTING OF DPH TOWNS

| | | | | | |
|---------------|---------------|------------------|------------------|--------------|---------------|
| Abington | Brookline | Goshen | Marlboro | Pepperell | Templeton |
| Acton | Buckland | Gosnold | Marshfield | Peru | Tewksbury |
| Acushnet | Burlington | Grafton | Mashpee | Petersham | Tisbury |
| Adams | Cambridge | Granby | Mattapoisett | Phillipston | Tolland |
| Agawam | Canton | Granville | Maynard | Pittsfield | Topsfield |
| Aiford | Carlisle | Great Barrington | Medfield | Plainfield | Townsend |
| Amesbury | Carver | Greenfield | Medford | Plainville | Truro |
| Amherst | Charlemont | Groton | Medway | Plymouth | Tyngsboro |
| Andover | Charlton | Groveland | Melrose | Plympton | Tyringham |
| Arlington | Chatham | Hadley | Mendon | Princeton | Upton |
| Ashburnham | Chelmsford | Halifax | Merrimac | Provincetown | Uxbridge |
| Ashby | Chelsea | Hamilton | Methuen | Quincy | W Boylston |
| Ashfield | Cheshire | Hampden | Middleboro | Randolph | W Bridgewater |
| Ashland | Chester | Hancock | Middlefield | Raynham | W Brookfield |
| Athol | Chesterfield | Hanover | Middleton | Reading | W Newbury |
| Attleboro | Chilcopee | Hanson | Milford | Rehoboth | W Springfield |
| Auburn | Chilmark | Hardwick | Millbury | Revere | W Stockbridge |
| Avon | Clarksburg | Harvard | Millis | Richmond | W Tisbury |
| Ayer | Clinton | Harwich | Millville | Rochester | Wakefield |
| Barnstable | Cohasset | Hatfield | Milton | Rockland | Wales |
| Barre | Colrain | Haverhill | Monroe | Rockport | Walpole |
| Becket | Concord | Hawley | Monson | Rowe | Waltham |
| Bedford | Conway | Heath | Montague | Rowley | Ware |
| Belchertown | Cumington | Hingham | Monterey | Royalston | Wareham |
| Bellingham | Dalton | Hinsdale | Montgomery | Russell | Warren |
| Belmont | Danvers | Holbrook | Mount Washington | Rutland | Warwick |
| Berkley | Dartmouth | Holden | N Adams | S Hadley | Washington |
| Berlin | Dedham | Holland | N Andover | Salem | Watertown |
| Bernardston | Deerfield | Holliston | N Attleboro | Salisbury | Wayland |
| Beverly | Dennis | Holyoke | N Brookfield | Sandisfield | Webster |
| Billerica | Dighton | Hopedale | N Reading | Sandwich | Wellesley |
| Blackstone | Douglas | Hopkinton | Nahant | Saugus | Wellesfleet |
| Blandford | Dover | Hubbardston | Nantucket | Savoy | Wendell |
| Bolton | Dracut | Hudson | Natick | Scituate | Wenham |
| | Dudley | Hull | Needham | Seekonk | Westboro |
| | Dunstable | Huntington | New Ashford | Sharon | Westfield |
| <u>BOSTON</u> | Duxbury | Ipswich | New Bedford | Sheffield | Westford |
| Alliston | E Bridgewater | Kingston | New Braintree | Shelburne | Westhampton |
| Boston | E Brookfield | Lakeville | New Marlboro | Sherborn | Westminster |
| Brighton | E Longmeadow | Lancaster | New Salem | Shirley | Weston |
| Charlestown | Eastham | Lanesboro | Newbury | Shrewsbury | Westport |
| Dorchester | Easthampton | Lawrence | Newburyport | Shutesbury | Westwood |
| E Boston | Easton | Lee | Newton | Somerset | Weymouth |
| Hyde Park | Edgartown | Leicester | Norfolk | Somerville | Whately |
| Jamaica Plain | Egremont | Lenox | Northampton | Southampton | Whitman |
| Mattapan | Erving | Leominster | Northboro | Southboro | Wilbraham |
| Roslindale | Essex | Leverett | Northbridge | Southbridge | Williamsburg |
| Roxbury | Everett | Lexington | Northfield | Southwick | Williamstown |
| S Boston | Fairhaven | Leyden | Norton | Spencer | Wilmington |
| W Roxbury | Fall River | Lincoln | Norwell | Springfield | Winchedon |
| | Falmouth | Littleton | Norwood | Sterling | Winchester |
| | Fitchburg | Longmeadow | Oak Bluffs | Stockbridge | Windsor |
| Bourne | Florida | Lowell | Oakham | Stoneham | Winthrop |
| Boxboro | Foxboro | Ludlow | Orange | Stoughton | Woburn |
| Boxford | Framingham | Lunenburg | Orleans | Stow | Worcester |
| Boylston | Franklin | Lynn | Otis | Sturbridge | Worthington |
| Braintree | Freestown | Lynnfield | Oxford | Sudbury | Wrentham |
| Brewster | Gardner | Malden | Palmer | Sunderland | Yarmouth |
| Bridgewater | Gay Head | Manchester | Paxton | Sutton | |
| Brimfield | Georgetown | Mansfield | Peabody | Swampscott | |
| Brockton | Gill | Marblehead | Pelham | Swansea | |
| Brookfield | Gloucester | Marion | Pembroke | Taunton | |

EXAMPLE A

THE COMMONWEALTH OF MASSACHUSETTS
 DEPARTMENT OF PUBLIC HEALTH

PARTICIPANT INPUT FORM

| | | | | |
|-----------------|--------------|--------------------------------------|---------------|--------------------------|
| PROGRAM CODE | SITE CODE | PARTICIPANT IDENTIFICATION NUMBER | TRANS TYPE | BATCH DATE (MM/DD/YY) |
| 062 | | | | |
| 1 3 | 4 5 | 6 13 | 14 | 15 20 |

| | |
|--|--|
| TRANSACTION TYPE 1. Add 2. Change | HEALTHY START (STATUS 1 ONLY) 1. Yes 2. Other 3. No; Referral 4. No; Not Referred |
| RACE A. White, not of Hispanic Origin B. Black, not of Hispanic Origin C. Hispanic D. American Indian or Alaskan Native E. Asian or Pacific Islander | PARTICIPANT STATUS 1. Pregnant 2. Post-Partum, Not Nursing 3. Post-Partum, Nursing 4. Breastfed Infant < 5 mo 5. Breastfed Infant ≥ 5 mo 6. Breast- & Bottled Infant 7. Bottled Infant 8. Child |
| TEEN RISK 1. Yes 2. No | |

PLEASE PRINT IN BLUE INK

| | | | | | | | | | |
|------------------------|------|---|----------------------------|---------------------------------|-----------------------------------|---------------------|-----------------------------------|-------------------------------------|--------------------------|
| Check for Change | LINE | PARTICIPANT'S LAST NAME | FIRST NAME | INIT | SEX | RACE | HOUSEHOLD CODE | CERTIFICATION DATE (MM/DD/YY) | BIRTH DATE (MM/DD/YY) |
| | 1 | | | | | | | | |
| Check for Change | LINE | 2ND LINE OF ADDRESS | | 3RD LINE OF ADDRESS (OR PREFIX) | | | | | |
| | 2 | | | Cherry Valley | | | | | |
| Check for Change | LINE | CITY OR TOWN | ZIP CODE | AREA | EXCH. | NUMBER | | | |
| | 3 | Leicester | 01524 | | | | | | |
| Check for Change | LINE | PARENT, GUARDIAN OR AUTHORIZED REPRESENTATIVE LAST NAME | FIRST NAME | PICK-UP DAY | RECERTIFIED DATE (MM/DD/YY) | TERMINATION CODE | TERMINATION DATE (MM/DD/YY) | | |
| | 4 | | | | | | | | |
| Check for Change | LINE | WOMAN'S EXPECTED DELIVERY DATE/ (MM/DD/YY) | H.S. (STATUS 1 ONLY) | TEEN RISK | FOOD PKG | PRIORITY | ASSESSMENT DATE (MM/DD/YY) | 2ND CONTACT DUE (MM/YY) | FOR OPTIONAL PROGRAM USE |
| | 5 | | | | | | | | |

WIC
1142

EXAMPLE B

THE COMMONWEALTH OF MASSACHUSETTS
 DEPARTMENT OF PUBLIC HEALTH

PARTICIPANT INPUT FORM

| | | | | |
|-----------------|--------------|--------------------------------------|---------------|--------------------------|
| PROGRAM CODE | SITE CODE | PARTICIPANT IDENTIFICATION NUMBER | TRANS TYPE | BATCH DATE (MM/DD/YY) |
| 0 | | | | |
| 1 | 3 | 6 | 13 | 14 |
| | | | | 15 |
| | | | | 20 |

| | |
|---|--|
| TRANSACTION TYPE 1 Add 2 Change | HEALTHY START (STATUS 1 ONLY) 1 Yes 2 Other 3 No, Referral 4 No, Not Referred |
| RACE A White, not of Hispanic Origin B Black, not of Hispanic Origin C Hispanic D American Indian or Alaskan Native E Asian or Pacific Islander | PARTICIPANT STATUS 1 Pregnant 2 Post-Partum, Not Nursing 3 Post-Partum, Nursing 4 Breastfed Infant < 5 mo 5 Breastfed Infant ≥ 5 mo 6 Breast- & Bottled Infant 7 Bottled Infant 8 Child |
| TEEN RISK 1 Yes 2 No | |

PLEASE PRINT IN BLUE INK

| | | | | | | | | | |
|--------------------------|------|---|--------------------------------|----------------|-----------------------------------|--------------------------|-----------------------------------|-------------------------------------|--------------------------|
| Check for Change | LINE | PARTICIPANT S LAST NAME | FIRST NAME | INIT | SEX | RACE | HOUSEHOLD CODE | CERTIFICATION DATE (MM/DD/YY) | BIRTH DATE (MM/DD/YY) |
| <input type="checkbox"/> | 1 | | | | | | | | |
| | 21 | 22 | 36 | 37 | 50 | 51 | 52 | 53 | 54 |
| | | | | | | | 61 | 62 | 67 |
| | | | | | | | | | 73 |
| Check for Change | LINE | 2ND LINE OF ADDRESS | 3RD LINE OF ADDRESS (OR PROXY) | | | | | | |
| <input type="checkbox"/> | 2 | 201 Hanover St. | NORTH END | | | | | | |
| | 21 | 22 | 46 | 47 | | | | | 71 |
| Check for Change | LINE | CITY OR TOWN | ZIP CODE | AREA | EXCH. | NUMBER | | | |
| <input type="checkbox"/> | 3 | Boston | 02108 | | | | | | |
| | 21 | 22 | 46 | 47 | 51 | 52 | 54 | 55 | 57 |
| | | | | | | 58 | | | 61 |
| Check for Change | LINE | PARENT, GUARDIAN OR AUTHORIZED REPRESENTATIVE LAST NAME | FIRST NAME | PICK-UP DAY | RECERTIFIED DATE (MM/DD/YY) | TERMI- NATION CODE | TERMINATION DATE (MM/DD/YY) | | |
| <input type="checkbox"/> | 4 | | | | | | | | |
| | 21 | 22 | 36 | 37 | 51 | 52-53 | 54 | 59 | 60 |
| | | | | | | | 61 | | 66 |
| Check for Change | LINE | WOMAN'S EXPECTED DELIVERY DATE/ (MM/DD/YY) | H S (STATUS 1 ONLY) | TEEN RISK | FOOD PKG | PRIORITY | ASSESSMENT DATE (MM/DD/YY) | 2ND CONTACT DUE (MM/YY) | FOR OPTIONAL PROGRAM USE |
| <input type="checkbox"/> | 5 | | | | | | | | |
| | 21 | 22 | 23 | 28 | 29 | 30 | 31 | 33 | 34 |
| | | | | | | | 37 | 42 | 43 |
| | | | | | | | 46 | 47 | 58 |

11/87

OTHER PARTICIPANT INPUT FORM CODES

THE CHART BELOW LISTS ALL OTHER CODES NECESSARY FOR ACCURATE COMPLETION OF PARTICIPANT INPUT FORMS.

| FIELD | CODE | DEFINITION |
|----------------------|------|--|
| RACE | A | White, not of Hispanic origin |
| | B | Black, not of Hispanic origin |
| | C | Hispanic |
| | D | American Indian or Alaskan Native |
| | E | Asian or Pacific Islander |
| TERMINATION CODES | 1 | Automatic termination, including: <ul style="list-style-type: none">• a child on his/her 5th birthday• a postpartum non-nursing woman at 6 months postpartum• a postpartum nursing woman at 1 year postpartum• a pregnant woman 90 days after her expected delivery date, if she has not been changed to postpartum status, and if her delivery date has not been entered |
| | | Use this code only if the participant should have been terminated by the computer, but was not. |
| | 2 | No longer at nutritional risk. |
| | 3 | Participant has moved from your catchment area or transferred to another program. |
| | 4 | Non-use of issued vouchers; no voucher pick-up for 60 days. |

5 Participant automatically terminated 7 months after last certification when no new certification date has been input.

Participant failed to attend repeat certification appointment.

6 Dropped identification number, new number assigned.

7 No longer income eligible.

8 At nutritional risk; currently certifying only higher priorities.

Other (voluntary withdrawal, death, etc.)

9 Stop activity - possible fraud. (Record remains on the participant file until the code is changed but vouchers are not produced.)

PARTICIPANT
 STATUS

- 1 Pregnant
- 2 Postpartum, not nursing
- 3 Postpartum, nursing
- 4 Breastfed infant < 5 months
- 5 Breastfed infant ≥ 5 months
- 6 Breast and Bottlefed infant
- 7 Bottlefed infant
- 8 Child

HEALTHY START

- 1 Yes
- 2 Other
- 3 No; referral
- 4 No; no referral

TEEN RISK

- 1 Yes
- 2 No

| FIELD | CODE | DEFINITION | STATUS |
|----------|------|-------------------------|------------------|
| PRIORITY | 1AX | 1A | 1, 3, 4, 5, 6, 7 |
| | 1AP | 1A - prevent regression | 3, 4, 5, 6, 7 |
| | 1BX | 1B | 1, 3, 4, 5, 6, 7 |
| | 1BP | 1B - prevent regression | 3, 4, 5, 6, 7 |
| | 2AX | 2A | 3, 4, 5, 6, 7 |
| | 2BX | 2B | 3, 4, 5, 6, 7 |
| | 3AX | 3A | 8 |
| | 3AP | 3A - prevent regression | 8 |
| | 3BX | 3B | 8 |
| | 3BP | 3B - prevent regression | 8 |
| | 3CX | 3C | 8 |
| | 3CP | 3C - prevent regression | 8 |
| | 4AX | 4A | 1, 3, 4, 5, 6, 7 |
| | 4AP | 4A - prevent regression | 3, 4, 5, 6, 7 |
| | 4BX | 4B | 2 |
| | 5AX | 5A | 8 |
| | 5AP | 5A - prevent regression | 8 |
| | 5BX | 5B | 8 |
| | 5BP | 5B - prevent regression | 8 |
| | 5CX | 5C | 8 |
| | 5CP | 5C - prevent regression | 8 |
| | 6AX | 6A | 2 |
| | 6BX | 6B | 2 |

PARTICIPANT MANAGEMENT REPORTS

THE WIC COMPUTER SYSTEM PRODUCES MANAGEMENT REPORTS WITH THE INFORMATION SUBMITTED BY YOU ON PARTICIPANT INPUT FORMS AND PROCESSED BY THE COMPUTER.

** Twice a week, the WIC computer produces these management reports:

1. WIC Participant Update Listing
2. WIC Edit Listing
3. WIC Participant Rejects Listing

NOTE: Although these reports are produced twice a week, for simplicity's sake they will be referred to in this Manual as "weekly" reports.

** Once a month, the WIC computer produces these management reports:

1. Participant Listing in Participant ID Number Order
2. WIC Participant Report

USING WEEKLY PARTICIPANT MANAGEMENT REPORTS

PARTICIPANT EDIT, UPDATE AND REJECT LISTINGS ARE MAILED TO YOU TWICE A WEEK, NORMALLY ON TUESDAY AND FRIDAY.

USE THESE LISTINGS REGULARLY TO KEEP YOUR PARTICIPANT MASTERFILE AS UP-TO-DATE AS POSSIBLE.

Keep your Participant Masterfile up-to-date for several reasons:

1. It controls monthly production of computer-generated vouchers. Thus, if it is kept accurate and current, the need for manual vouchers is reduced.
2. It serves as an easily accessible source of participant information for your staff.
3. It generates statistics on participation which the state WIC office uses to request and/or support funding levels.

Use the following procedure to ensure that all participant input which wasn't accepted onto the Participant Masterfile is found and corrected:

1. Retain input copies in batches as mailed until appropriate weekly reports arrive.
2. Compare your input copies with the Participant Update Listing to determine which inputs were accepted and to make sure accepted information is correct.

NOTE: If participant input is accepted and appears on the Participant Update Listing one month and does not appear on the next month's Participant Report, you have probably input an "old" recertification date (for example, 01/05/86 instead of 01/05/87). Or you may have input an "old" certification date and no recertification date on a Type 1 input for a transfer.

3. Compare the remaining input copies with the Edit and Reject Listings. Make corrections and resubmit input.
4. Input copies which do not match the Update, Edit or Reject Listings probably have a missing or incorrect program code or are missing the ✓ in "check for change" box.

WIC PARTICIPANT UPDATE LISTING

THE WIC PARTICIPANT UPDATE LISTING LISTS EVERY PARTICIPANT RECORD WHICH HAS BEEN ACCEPTED AND POSTED TO THE WIC PARTICIPANT MASTERFILE AS EITHER AN ADD (TRANSACTION TYPE 1) OR A CHANGE (TRANSACTION TYPE 2) DURING THE PREVIOUS INPUT CYCLE.

The Participant Update Listing contains all the information from the participant input form. It lists the participants by identification number in ascending order.

Review the Participant Update Listing as soon as you receive it to make sure that the information on your input forms was keypunched correctly. If there are errors in the participant information on the Participant Update, fix the errors by submitting a Trans. Type 2 input form with the correct information.

Reading the Participant Update Listing

FIRST COLUMN

First line: Tells you whether the input was an add (ADD) or a change (CHG) or automatic computer change (WIC CHG)
Third line: "Coded" is the way the computer refers to the batch date of the input form

SECOND COLUMN

First line: Participant identification number
Third line: Batch date

THIRD COLUMN

First line: Participant last name, first name
Second line: Participant's street address
Third line: Participant's city or town and zip code
Fourth line: Participant's telephone number and DPH town code
Fifth line: Name of participant's guardian or authorized representative, last name and first name
Sixth line: Household code number

FOURTH COLUMN

First line: Participant status
Second line: Sex of participant and race of participant
Third line: Birthdate of WIC participant
Fourth line: Expected delivery date (for pregnant women)
Fifth line: Delivery date of postpartum woman
Sixth line: 2nd contact due

FIFTH COLUMN

First line: Participant status
Second line: Day assigned for voucher pickup
Third line: Food package assigned to participant
Fourth line: Optional program use codes
Fifth line: Healthy Start status for pregnant women
Sixth line: Teen risk for statuses 1, 2, and 3

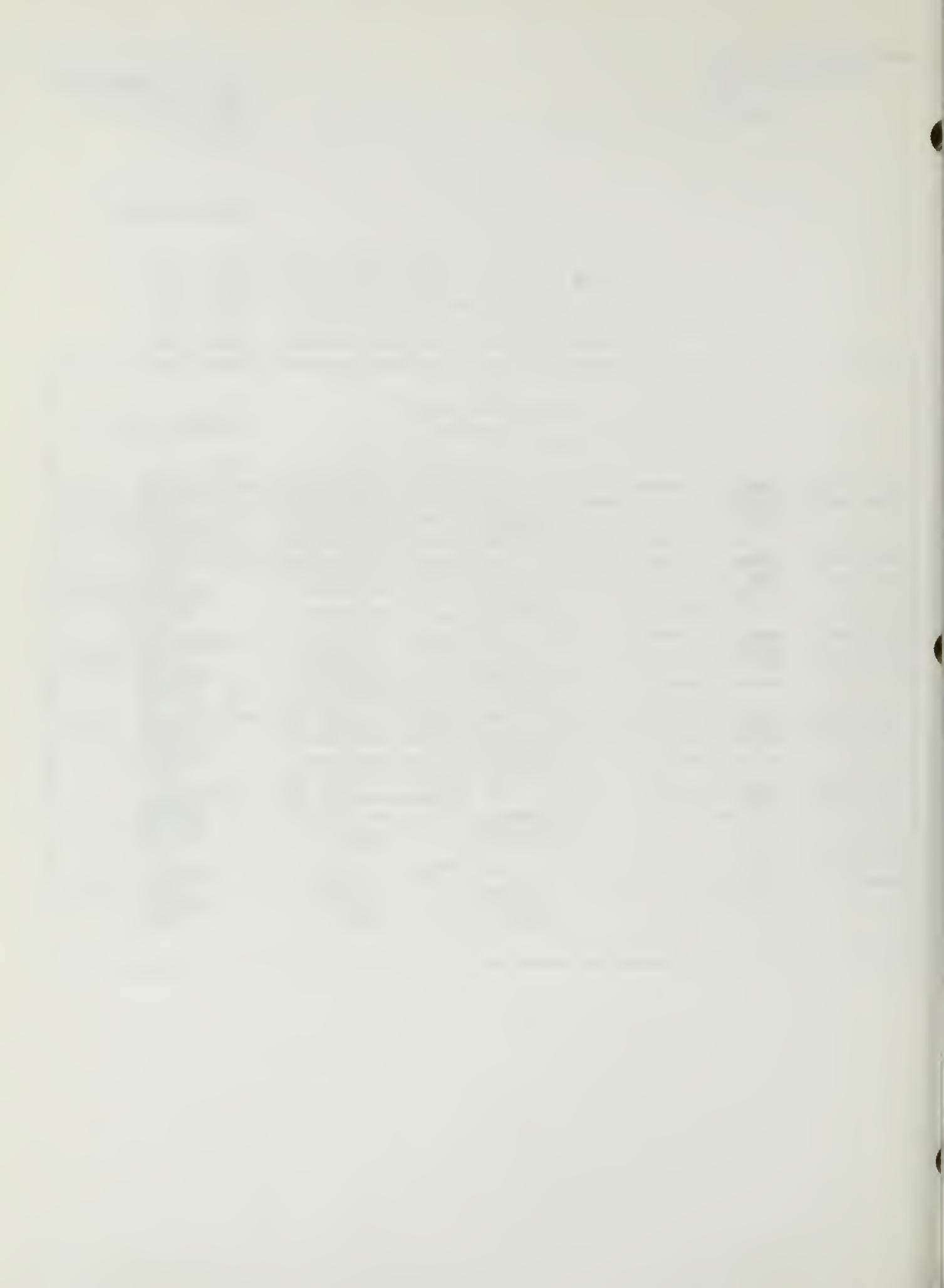
SIXTH COLUMN

First line: Assessment date for WIC infant
Second line: Certification date
Third line: Current priority of participant
Fourth line: Eligibility review date (date on which repeat certification should be scheduled)
Fifth line: Date of most recent certification
Sixth line: Date of termination
Seventh line: Code for reason of termination

WIC
 PARTICIPANT UPDATE LISTING
 AS OF 09/02/88
 LOWELL WIC

31

| | | | | SITE 01 | | | | | |
|------------|----------|----------------------|----------|---------|--|-------------------------|-----------------------|----------------|----------|
| CHG | 00503516 | RO [REDACTED] | DOROTHEA | | | WIC - INFANT | STATUS - BOTTLE FED | ASSESS DATE - | |
| CODED | 08-22-88 | 203 KENDALL RD | | 01876 | | SEX - F RACE- WHT NOT H | VOUCHER DAY - 21 | CERTIFIED - | 07-28-88 |
| | | 000-000-0000 | | | | BIRTHDAY - 05-27-88 | PACKAGE - 210 | PRIORITY - | 1AX |
| | | HOUSEHOLD - 00503516 | | | | EXP DEL DATE - | OPT PROG USE- | ELIG. REVIEW - | 01-28-89 |
| | | | | | | DELIVERY DATE- | HEALTH START- 0 | RECERTIFIED - | |
| | | | | | | 2ND CONTACT - 09-88 | TEEN RISK - 0 | TERMINATED - | |
| | | | | | | | | REASON - | 0 |
| CHG | 00504670 | GA [REDACTED] | JEANETTE | | | WIC - INFANT | STATUS - BOTTLE FED | ASSESS DATE - | |
| CODED | 08-22-88 | 12 KEENE ST | | 01851 | | SEX - F RACE- WHT NOT H | VOUCHER DAY - 25 | CERTIFIED - | 07-22-88 |
| | | 000-000-0000 | | | | BIRTHDAY - 07-22-88 | PACKAGE - 200 | PRIORITY - | 1AX |
| | | HOUSEHOLD - 00504670 | | | | EXP DEL DATE - | OPT PROG USE- | ELIG. REVIEW - | 01-22-89 |
| | | | | | | DELIVERY DATE- | HEALTH START- 0 | RECERTIFIED - | |
| | | | | | | 2ND CONTACT - 09-88 | TEEN RISK - 0 | TERMINATED - | |
| | | | | | | | | REASON - | 0 |
| WIC TYP | 00505032 | WA [REDACTED] | MICHAEL | | | WIC - CHILD | STATUS - CHIL0 | ASSESS DATE - | |
| CODED | 08-17-88 | 42 MARSHALL ST | | 01851 | | SEX - M RACE- WHT NOT H | VOUCHER DAY - 17 | CERTIFIED - | 03-24-88 |
| | | 000-000-0000 | | | | BIRTHDAY - 10-17-87 | PACKAGE - 322 | PRIORITY - | 1AX |
| | | HOUSEHOLD - 00505032 | | | | EXP DEL DATE - | OPT PROG USE- | ELIG. REVIEW - | 09-24-88 |
| | | | | | | DELIVERY DATE- | HEALTH START- 0 | RECERTIFIED - | |
| | | | | | | 2ND CONTACT - | TEEN RISK - 0 | TERMINATED - | |
| | | | | | | | | REASON - | 0 |
| A00 | 00505081 | SM [REDACTED] | CONNELL | | | WIC - INFANT | STATUS - BOTTLE FED | ASSESS DATE - | |
| CODED | 08-17-88 | 19 WESTFORD ST | | 01851 | | SEX - M RACE- HISPANIC | VOUCHER DAY - 12 | CERTIFIED - | 08-18-88 |
| | | 000-000-0000 | | | | BIRTHDAY - 07-23-88 | PACKAGE - 200 | PRIORITY - | 2AX |
| | | HOUSEHOLD - 00505081 | | | | EXP DEL DATE - | OPT PROG USE- | ELIG. REVIEW - | 02-18-89 |
| | | | | | | DELIVERY DATE- | HEALTH START- 0 | RECERTIFIED - | |
| | | | | | | 2ND CONTACT - 10-88 | TEEN RISK - 0 | TERMINATED - | |
| | | | | | | | | REASON - | 0 |
| A00 | 00505495 | RO [REDACTED] | KRYSTAL | | | WIC - INFANT | STATUS - BOTTLE FED | ASSESS DATE - | |
| CODED | 08-23-88 | 415 PAWTUCKET ST | | 01852 | | SEX - F RACE- WHT NOT H | VOUCHER DAY - 23 | CERTIFIED - | 05-13-88 |
| | | 000-000-0000 | | | | BIRTHDAY - 05-13-88 | PACKAGE - 201 | PRIORITY - | 2AX |
| | | HOUSEHOLD - 00505495 | | | | EXP DEL DATE - | OPT PROG USE- | ELIG. REVIEW - | 11-13-88 |
| | | | | | | DELIVERY DATE- | HEALTH START- 0 | RECERTIFIED - | |
| | | | | | | 2ND CONTACT - 10-88 | TEEN RISK - 0 | TERMINATED - | |
| | | | | | | | | REASON - | 0 |
| A00 | 00505503 | CA [REDACTED] | KAREN | | | WIC - WOMAN | STATUS - POST NURSING | ASSESS DATE - | |
| CODED | 08-24-88 | 25 PUFFER ST | | 01851 | | SEX - F RACE- WHT NOT H | VOUCHER DAY - 24 | CERTIFIED - | 08-24-88 |
| | | 000-000-0000 | | | | BIRTHDAY - 04-14-66 | PACKAGE - 445 | PRIORITY - | 1AX |
| | | HOUSEHOLD - 00505503 | | | | EXP DEL DATE - | OPT PROG USE- | ELIG. REVIEW - | 02-24-89 |
| | | | | | | DELIVERY DATE- | HEALTH START- 0 | RECERTIFIED - | |
| | | | | | | 2ND CONTACT - 09-88 | TEEN RISK - 2 | TERMINATED - | |
| | | | | | | | | REASON - | 0 |
| SITE TOTAL | | PROG 053 | | SITE 01 | | | | | |



WIC EDIT LISTING

THE WIC EDIT LISTING RECORDS ERRORS THAT WERE MADE ON PARTICIPANT INPUT FORMS.

The WIC Edit Listing records 3 types of errors on participant input. The following error flags appear in the far right hand column of the Edit Listing.

REJECTED The entire record was rejected by the computer due to an error in a critical field.

The record as it appears on the input form is printed with question marks under each character in a field where data is missing or unacceptable. Redo the entire record on a participant input form; correct or fill in the missing data.

DUPLICATE LINE NUMBER * CARD REJECTED Two participant inputs, each with the same participant identification number and with data on the same line(s), were submitted within the same input cycle.

In this case, data from lines 1, 3, and 5 of the first input and from lines 2 and 4 of the second input were accepted and appear on the Recipient Update Listing. Data from lines 2 and 4 of the first input and from lines 1, 3, and 5 of the second input were rejected and are printed on the Recipient Edit Listing.

To determine which data was accepted and which was rejected, isolate the participant ID number and line number by breaking down the unspaced 21 digits on the far left side into fields as used on the input form.

EXAMPLE: 013014027312610516872

013 | 01 | 40273126 | 1 | 051687 | 2

| Program code | Site Code | ID# | Type | Batch date | Line # |
|--------------|-----------|----------|------|------------|--------|
| 013 | 01 | 40273126 | 1 | 09/16/88 | 2 |

Use the participant ID number to locate the 2 yellow input copies and the accepted record on the WIC Recipient Update Listing. Use the Participant WIC Update Listing, the WIC Edit Listing and the 2 yellow input copies to determine what corrections need to be made.

2 Type 2's - Use a Type 2 transaction to enter the information from either input copy which doesn't appear or is incorrect on the Participant Update Listing.

2 Type 1's - If identical inputs were submitted and the record on the Participant Update Listing is correct, do nothing.

If records for 2 different participants were submitted with the same participant ID#:

1. Use a Type 2 transaction to correct lines 1, 3, and 5 or lines 2 and 4 of the record that appears in the Participant Update Listing so that this record will match one of the inputs.
2. Use a Type 1 transaction and an unused participant ID # to resubmit all the information from the other input.

WIC EDIT LISTING

WIC EDIT LISTING AS OF 07/19/88
HOLYOKE/CHICOPEE WIC SITE 03

PAGE 2

| PROG | LOC | RECIPIENT NUMBER | TP | DATE | LINE NUM. | LAST NAME | FIRST NAME | INIT | SEX | RACE | HOUSEHOLD CODE | CERTIFICATION DATE | BIRTH DATE | |
|------|-----|---------------------|----|----------|--------------|---------------------------|----------------------|---------------------|-----------------|---------------------|-------------------|-----------------------|--------------------|-------------------------|
| 050 | 03 | 85520013 | I | 07-11-88 | 1 | HE [REDACTED] | JAMES | L | M | C | | ???????? | ???????? | REJECTED |
| | | | | | 2 | 2ND LINE OF ADDRESS | | 3RD LINE OF ADDRESS | | | | | | REJECTED |
| | | | | | 3 | CITY OR TOWN | | ZIP | | TELEPHONE | | | | REJECTED |
| | | | | | 4 | AUTHORIZED REPRESENTATIVE | | PICK UP | RECEIPT DATE | TERM CODE | TERM DATE | | | REJECTED |
| | | | | | 5 | RECIP. STATUS | EXP/DELIVERY DATE | HEALTHY START | TEEN RISK | FOOD PKG CODE | PRIORITY CODE | ASSESS DATE | 2ND CONTACT DUE | OPTIONAL PROGRAM USE |
| | | | | | | 7 | | | | 322 | 5BX | | | REJECTED |

*** PLEASE RESUBMIT ENTIRE RECORD AS A TYPE 1 TRANSACTION.

| PROG | LOC | RECIPIENT NUMBER | TP | DATE | LINE NUM. | LAST NAME | FIRST NAME | INIT | SEX | RACE | HOUSEHOLD CODE | CERTIFICATION DATE | BIRTH DATE | |
|------|-----|---------------------|----|----------|--------------|---------------------------|----------------------|------------------|-----------------|---------------------|-------------------|-----------------------|--------------------|-------------------------|
| 050 | 03 | 88990015 | 2 | 07-12-88 | 1 | | | | | | | | | REJECTED |
| | | | | | | AUTHORIZED REPRESENTATIVE | | PICK UP | RECEIPT DATE | TERM CODE | TERM DATE | | | REJECTED |
| 050 | 03 | 88990015 | 2 | 07-12-88 | 4 | | | | | | | | | REJECTED |
| | | | | | | RECIP. STATUS | EXP/DELIVERY DATE | HEALTHY START | TEEN RISK | FOOD PKG CODE | PRIORITY CODE | ASSESS DATE | 2ND CONTACT DUE | OPTIONAL PROGRAM USE |
| 050 | 03 | 88990015 | 2 | 07-12-88 | 5 | 7 | | | | 322 | 5BX | | | REJECTED |

*** PLEASE CORRECT ERROR AND ENTER AS A TYPE 2 TRANSACTION.

| | | | | |
|------------------------------|------------|-------|--------------|---|
| 050039195002210707881R0 | JOHNNY | MC | 021888083185 | ***** DUPLICATE LINE NUMBER * CARO REJECTED |
| 050039195002210707882680 | GERARO WAY | | | ***** DUPLICATE LINE NUMBER * CARO REJECTED |
| 050039195002210707883HOLYOKE | | 01040 | | ***** DUPLICATE LINE NUMBER * CARD REJECTED |
| 050039195002210707884R0 | NILOA | 14 | | ***** DUPLICATE LINE NUMBER * CARO REJECTED |
| 0500391950022107078858 | 3203AX | | | ***** DUPLICATE LINE NUMBER * CARD REJECTED |

*** ? BENEATH A FIELD MEANS DATA MISSING OR UNACCEPTABLE. RECORD IS REJECTED. PLEASE RESUBMIT.

WIC PARTICIPANT REJECTS LISTING

THE WIC PARTICIPANT REJECTS LISTING LISTS ERRORS INVOLVING THE PARTICIPANT IDENTIFICATION NUMBER.

There are two types of errors flagged under REJECT DESCRIPTION in the WIC Participant Rejects Listing:

DUPLICATE TRANS TYPE ADD - The computer has rejected a Type 1 input with a participant ID which duplicates the participant ID number of a participant already recorded in the Participant Masterfile.

Redo the entire Type 1 participant input using an unused participant ID number.

NO MATCH TRANS TYPE CHG - The computer has rejected a Type 2 input with a participant ID number which doesn't exist in the Participant Masterfile.

If you wrote the participant's name on the Type 2 input, find the participant's correct ID number in the Participant Report and resubmit the Type 2 input using the correct ID number.

(see NOTE in the CHANGING INFORMATION ON A PARTICIPANT RECORD section in this Voucher System Manual.)

WIC PARTICIPANT UPDATE REJECTS LISTING

WIC PARTICIPANT UPDATE REJECTS
UPNAMS CORNER WIC

04/13/87

| PARTICIPANT IDENTIFICATION | | | | REJECT DESCRIPTION |
|----------------------------|----|----------|-----------------------|--|
| 002 | 01 | 02024024 | CA [REDACTED] ALICIA | REJECT REASDN DUPLICATE TRANS TYPE ADD |
| 002 | 01 | 02132033 | HO [REDACTED] DAT | REJECT REASON DUPLICATE TRANS TYPE ADD |
| 002 | 01 | 04248043 | | REJECT REASON NO MATCH TRANS TYPE CHG |
| 002 | 01 | 06092027 | | REJECT REASDN NO MATCH TRANS TYPE CHG |
| 002 | 01 | 08032039 | PI [REDACTED] SDNIA | REJECT REASON DUPLICATE TRANS TYPE ADD |
| 002 | 01 | 08268054 | | REJECT REASON NO MATCH TRANS TYPE CHG |
| 002 | 01 | 08573024 | | REJECT REASDN NO MATCH TRANS TYPE CHG |
| 002 | 01 | 10102010 | MO [REDACTED] BELKIES | REJECT REASDN DUPLICATE TRANS TYPE ADD |
| 002 | 01 | 10291011 | FE [REDACTED] YADIRA | REJECT REASDN DUPLICATE TRANS TYPE ADD |

THIS # IS ALREADY BEING USED IN THE PARTICIPANT MASTERFILE.
CHECK PARTICIPANT LISTING BY ID NUMBER.

THIS # DOESN'T EXIST IN THE MASTERFILE, SO NO CHARGE CAN BE MADE.

USING MONTHLY PARTICIPANT MANAGEMENT REPORTS

THE PARTICIPANT LISTING IN PARTICIPANT ID NUMBER ORDER AND THE WIC PARTICIPANT REPORT ARE PRODUCED AT THE SAME TIME VOUCHERS ARE CREATED AND ARE SENT TO YOU WITH THE VOUCHERS.

THE MONTHLY PARTICIPANT REPORTS REFLECT ALL PARTICIPANT INPUT RECEIVED AT THE STATE WIC OFFICE BY INPUT CUTOFF DAY, AROUND THE 18TH OF THE MONTH.

PARTICIPANT LISTING IN PARTICIPANT ID NUMBER ORDER

THE PARTICIPANT LISTING LISTS ALL PARTICIPANTS, BOTH ACTIVE AND INACTIVE, IN ASCENDING IDENTIFICATION NUMBER ORDER. IT ALSO LISTS EACH PARTICIPANT'S HOUSEHOLD CODE.

The Participant Listing is also called the ID Listing. It is generated by program and site.

Use your Participant Listing to look up the name assigned to a specific ID number.

PARTICIPANT LISTING IN PARTICIPANT ID NUMBER ORDER

REPORT NO. WIC020-G

PARTICIPANT LISTING

MONTH OF JUNE

NORTH CENTRAL WIC

SITE 01

IN PARTICIPANT ID NUMBER ORDER

| PARTICIPANT ID NUMBER | PARTICIPANT NAME | HOUSEHOLD NUMBER | PARTICIPANT ID NUMBER | PARTICIPANT NAME | HOUSEHOLD NUMBER |
|--------------------------|------------------|-----------------------|--------------------------|------------------|---------------------|
| 00024414 | MO | MARIANA | 00024414 | HE | JOHN R 00025551 |
| 00025601 | VU | HARRY | 00025601 | MO | ANGEL L 00025759 |
| 00025775 | BR | JAMIE | 00025775 | CA | JESSICA 00026161 |
| 00026336 | SE | HECTOR L 00026336 | 00026393 | PO | RICHARD 00026393 |
| 00026484 | MA | KENNY | 00026567 | BA | OMAIRA 00026567 |
| 00026625 | BA | BILLY | 00026732 | AL | GENNILLE J 00026732 |
| 00026765 | MO | JASON | 00026948 | HE | ZULEIKA 00026948 |
| 00026997 | CO | EMILY | 00027003 | MA | IRIS 00027003 |
| 00027011 | WO | MARY | 00027037 | SE | KEVIN 00027037 |
| 00027052 | PA | ANGELICA | 00027094 | ST | ERIC 00027094 |
| 00027201 | AL | GEORGIE L 00027201 | 00027821 | ME | KEILA 00027821 |
| 00027888 | DE | DAWN | 00027896 | OU | TREMAIN 00027896 |
| 00028001 | SE | DANIEL | 00028027 | WO | ZACHARY 00028027 |
| 00028266 | GR | SARAH A 00028266 | 00028290 | SK | MATTHEW 00028290 |
| 00028308 | VI | JUAN A 00028308 | 00028597 | MA | SHEILA 00028597 |
| 00028605 | MA | IVELISSE | 00028613 | CA | YANIXA 00028613 |
| 00028654 | ME | KRISTOFFER R 00028654 | 00028795 | MA | DENISE 00028795 |
| 00028837 | GO | JONATHAN W 00028837 | 00028910 | RO | RUSSELL E 00028910 |
| 00028993 | KI | BRYAN | 00029181 | RO | CATINA 00029181 |
| 00029256 | GA | DIANA | 00029330 | FL | CRYSTAL L 00029330 |
| 00029389 | GO | MELISSA | 00029462 | MA | JOANNA 00029462 |
| 00029488 | DE | DAVID | 00029496 | NA | EDNALIZ 00029496 |

WIC PARTICIPANT REPORT

THE WIC PARTICIPANT REPORT LISTS ALL THE WIC PARTICIPANTS ON THE COMPUTER MASTERFILE IN ALPHABETICAL ORDER, BY SITE.

YOU RECEIVE TWO "HARD COPIES" AND ONE FICHE COPY OF THE PARTICIPANT REPORT. KEEP THE FICHE FOR SEVEN FISCAL YEARS FROM THE END OF THE YEAR TO WHICH IT PERTAINS.

The Participant Report includes two types of data:

1. Data in the Participant Masterfile accepted from Type 1 and Type 2 participant input forms, current up to the last "input cutoff."
2. Data entered by the computer including:
 - a. Eligibility review date
 - b. Date and code 1 for automatic termination due to categorical ineligibility
 - c. Warning flags for impending participant status changes
 - d. Statistics based on the Participant Masterfile

The WIC Participant Report consists of 2 parts: participant information compiled from the Participant Masterfile, and statistical information on participation.

PARTICIPANT INFORMATION

This section contains the following information for each participant listed in the Participant Masterfile.

- | | |
|------------------------------|--------------------------------|
| 1. Identification number | 15. Participant status |
| 2. Active/inactive | 16. Voucher pick-up day |
| 3. Name | 17. Food package |
| 4. Address | 18. Priority code |
| 5. Telephone number | 19. Teen risk |
| 6. Authorized representative | 20. (local program use) |
| 7. Household code | 21. Initial certification date |
| 8. Participant type | 22. Assessment date |
| 9. Sex | 23. 2nd contact due |
| 10. Race | 24. Eligibility review date |
| 11. Birthday | 25. Recertification date |
| 12. Expected delivery day | 26. Termination date |
| 13. Delivery date | 27. Termination code |
| 14. Healthy Start status | |

Note: Occasionally, participant records never appear on or seem to disappear from the Participant Report. The following situations may cause this to occur:

1. An "old" certification date (more than 8 months old) and no recertification date is submitted on type 1 or 2 participant input. The participant records with these dates appear "accepted" on the Participant Update Listing, but do not appear in the Participant Report as the participants' certification periods appear to have expired without recertification.
2. A participant's name change has been submitted and appears in the Participant Report, but the change has not been recorded on the participant's record. If you have a name and computer-generated vouchers which you can't match to a participant record (and you suspect a name change), look up the participant identification number on a prior Participant Listing by Identification Number to find the "old" name. If you have a record and no vouchers (and you suspect a name change), look up the identification number as recorded in the record in the current Participant Listing by Identification Number to find the "new" name.

In the left-hand column, under the participant identification number, the computer prints "flags" to notify you of each participant's current status and possible impending status changes. The following flags are used:

ACTIVE Vouchers were generated for this participant.

INACTIVE The participant has been terminated and no vouchers were produced. This participant record will remain inactive in the participant masterfile for 4 months after date of termination.

You may "reverse termination" on an INACTIVE participant by submitting a type 2 input for the participant with an "R" in the TERMINATION CODE box. You must also include the missing information which caused the termination, for example, the recertification date and priority code or the woman's postpartum status and delivery date. A "reverse termination" may be done as long as the participant record remains INACTIVE, i.e., within 4 months after the date of termination. After 4 months of INACTIVE status, the participant record is taken off the Participant Masterfile and must be reentered with a Type 1 input.

RECERT
NEXT MONTH

Participant due for recertification next month as indicated by the date next to *ELIG REVIEW in the far right column. Schedule an appointment for her/him.

RECERT
THIS MONTH

The participant is due for recertification in the current month and hasn't been certified since the date next to *RECERTIFIED in the far right column. S/he must be recertified before receiving this month's vouchers.

RECERT
OVERDUE

The participant was due for recertification one month ago and hasn't been certified since the date next to *RECERTIFIED in the far right column.

Check to see if the participant was recertified but the recertification date was never submitted. If it was done, submit the recertification date, priority and "R" in termination code box (for reverse termination) before input cutoff day.

Participants due one month ago will become INACTIVE next month and no vouchers will be produced unless the recertification date, priority, and an "R" in the termination code box (for reverse termination) are submitted before input cutoff day.

If recertification was not done, do nothing; this participant will not get vouchers next month but will remain inactive on the participant masterfile until exactly four months after the termination date.

LAST MONTH
ELI(GIBLE)

If the participant will be categorically ineligible next month (5 year old child, non-nursing woman at 6 months postpartum, or breastfeeding woman at 1 year postpartum), give her/him a "NO LONGER ELIGIBLE LETTER".

If the participant is listed as PREGNANT, check to see if she has delivered.

- o If she has delivered, submit her new status, the infant's birthdate, and "R" in the termination code box (for reverse termination) before input cutoff.
- o If you don't know whether she delivered or not, do nothing. She will not receive vouchers next month but will remain inactive on the participant masterfile for exactly four months after her termination date (five months after her expected delivery day).

FIRST
BIRTHDAY

The participant will turn one year old next month.

Next month the infant's status will change to CHILD and his/her food package will change. You may want to notify the parent or guardian that next month's vouchers will not be formula. In some cases the child may need to continue with formula vouchers; if so, you must input a package change.

STATISTICAL INFORMATION

The last pages of the Participant Report contain statistics for the local program and for each site, including participant totals, participant characteristics, number of overdue recertifications, food packages assigned, voucher pick-up day assignments, terminations, and priority codes.

WIC PARTICIPANT REPORT

| REPORT NO: WIC020A | | WIC PARTICIPANT REPORT | | PAGE | 11 |
|--------------------|-----------------------|--------------------------|-------------------------|----------------|----------|
| | | FDR | AUGUST 88 | | |
| | | PRDGRAM | 052 SOUTH BERKSHIRE WIC | | |
| | | SITE | 01 GREAT BARRINGTON | | |
| 72770027 | 00 [REDACTED] LISA | WIC : CHILD | STATUS : | CERTIFIED : | 06-29-85 |
| ACTIVE | PO BOX 77 | SEX : FEMALE | VDUCHER DAY : 08 | ASSESSED : | |
| | H STOCKBRIDGE | RACE : WHT NOT HISP | PACKAGE : 335 | 2ND CONTACT : | |
| | 413-232-7091 | BIRTHDAY : 06-29-85 | PRIORITY COE : 3BX | ELIG. REVIEW : | 12-17-88 |
| | 00850H JUDY | EXP DELIV DAY : | TEEN RISK : 0 | RECEIVED : | 06-17-88 |
| | HOUSEHOLD : 72770027 | DELIVERY DATE : | LP USE : | TERMINATED : | |
| | | HEALTHY START : 0 | | TERM CODE : | 0 |
| 72770035 | 00 [REDACTED] MICHAEL | WIC : INFANT | STATUS : | CERTIFIED : | 02-25-88 |
| ACTIVE | PO BOX 77 | SEX : MALE | VOUCHER DAY : 08 | ASSESSED : | |
| | H STOCKBRIDGE | RACE : WHT NOT HISP | PACKAGE : 016 | 2ND CONTACT : | |
| | 000-000-0000 | BIRTHDAY : 02-25-88 | PRIORITY COE : 2XX | ELIG. REVIEW : | 12-25-88 |
| | HOUSEHOLD : 72770035 | EXP DELIV DAY : | TEEN RISK : 0 | RECEIVED : | 06-25-88 |
| | | DELIVERY DATE : | LP USE : | TERMINATED : | |
| | | HEALTHY START : 0 | | TERM CODE : | 0 |
| 72770019 | 00 [REDACTED] SHARON | WIC : CHILD | STATUS : | CERTIFIED : | 01-20-84 |
| ACTIVE | PO BOX 77 | SEX : FEMALE | VDUCHER DAY : 15 | ASSESSED : | |
| | H STOCKBRIDGE | RACE : WHT NOT HISP | PACKAGE : 343 | 2ND CONTACT : | |
| | 413-232-7091 | BIRTHDAY : 01-20-84 | PRIORITY COE : 3AX | ELIG. REVIEW : | 12-17-88 |
| | 00850H JUDY | EXP DELIV DAY : | TEEN RISK : 0 | RECEIVED : | 06-17-88 |
| | HOUSEHOLD : 72770019 | DELIVERY DATE : | LP USE : | TERMINATED : | |
| | | HEALTHY START : 0 | | TERM CODE : | 0 |
| 10331015 | 00 [REDACTED] MARTIN | WIC : INFANT | STATUS : BOTTLE | CERTIFIED : | 05-17-88 |
| ACTIVE | PO BOX 1030 | SEX : MALE | VDUCHER DAY : 15 | ASSESSED : | |
| | GREAT BARRINGTON | RACE : WHT NOT HISP | PACKAGE : 201 | 2ND CONTACT : | |
| | 413-298-5575 | BIRTHDAY : 10-03-87 | PRIORITY COE : 1XX | ELIG. REVIEW : | 11-17-88 |
| | HOUSEHOLD : 10331015 | EXP DELIV DAY : | TEEN RISK : 0 | RECEIVED : | |
| | | DELIVERY DATE : | LP USE : | TERMINATED : | |
| | | HEALTHY START : 0 | | TERM CODE : | 0 |
| 10303014 | DU [REDACTED] JAMES | WIC : CHILD | STATUS : | CERTIFIED : | 01-25-88 |
| ACTIVE | APT #3 | SEX : MALE | VDUCHER DAY : 15 | ASSESSED : | |
| | 225 EAST ST | RACE : WHT NOT HISP | PACKAGE : 322 | 2ND CONTACT : | |
| | GREAT BARRINGTON | BIRTHDAY : 06-06-87 | PRIORITY COE : 1XX | ELIG. REVIEW : | 07-25-88 |
| | 000-000-0000 | EXP DELIV DAY : | TEEN RISK : 0 | RECEIVED : | |
| | APUSPGER TERESA | DELIVERY DATE : | LP USE : | TERMINATED : | |
| | HOUSEHOLD : 10303014 | HEALTHY START : 0 | | TERM CODE : | 0 |
| 10341006 | ED [REDACTED] DEBBRAH | WIC : WOMAN | STATUS : PREGNANT | CERTIFIED : | 06-20-88 |
| ACTIVE | 6 STILLWELL | SEX : FEMALE | VDUCHER DAY : 15 | ASSESSED : | |
| | GREAT BARRINGTON | RACE : WHT NOT HISP | PACKAGE : 175 | 2ND CONTACT : | |
| | 413-528-5938 | BIRTHDAY : 06-22-59 | PRIORITY COE : 1XX | ELIG. REVIEW : | |
| | HOUSEHOLD : 10341006 | EXP DELIV DAY : 08-31-88 | TEEN RISK : 0 | RECEIVED : | |
| | | DELIVERY DATE : | LP USE : | TERMINATED : | |
| | | HEALTHY START : 3 | | TERM CODE : | 0 |

AUGUST PARTICIPANT REPORT SHOWING :
 . RECERT OVERDUE IN AUGUST

WIC PARTICIPANT REPORT

| REPORT NO. WIC020A | | WIC PARTICIPANT REPORT FOR AUGUST 88 | | PAGE | 5 |
|---|---|---|--|---|---|
| PROGRAM 052 SOUTH BERKSHIRE WIC SITE 01 GREAT BARRINGTON | | | | | |
| 10571016 | BR [REDACTED] JOHN BOX 202B RIO 2 GREAT BARRINGTON 413-229-2640 BRAZLE KATHERINE HOUSEHOLD : 10321016 | 101230 | WIC : CHIL0 SEX : MALE RACE : WHT NOT HISP BIRTHDAY : 08-04-87 EXP DELIV DAY : DELIVERY DATE : HEALTHY START : 0 | STATUS : VOUCHER DAY : 08 PACKAGE : 322 PRIORITY CDE : 1XX TEEN RISK : 0 LP USE : ----- | CERTIFIED : 04-08-88 ASSESSED : 2ND CONTACT : ELIG. REVIEW : 10-08-88 RECERTIFIED : TERMINATED : TERM CODE : 0 |
| 77950620 | RF [REDACTED] JENNA RFD3 00X 149A GREAT BARRINGTON 413-528-0993 | 101230 | WIC : CHIL0 SEX : FEMALE RACE : WHT NOT HISP BIRTHDAY : 04-02-85 EXP DELIV DAY : DELIVERY DATE : HEALTHY START : 0 | STATUS : VOUCHER DAY : 08 PACKAGE : 004 PRIORITY CDE : 3AX TEEN RISK : 0 LP USE : ----- | CERTIFIED : 02-20-87 ASSESSED : 2ND CONTACT : ELIG. REVIEW : 08-17-88 RECERTIFIED : 08-17-88 TERMINATED : TERM CODE : 0 |
| RECERT THIS MO | | | | | |
| 10094019 | BR [REDACTED] JENNIFER 143 CENTER ST LEE 413-243-1678 BRINTDN MARY HOUSEHOLD : 10094019 | 101238 | WIC : CHIL0 SEX : FEMALE RACE : WHT NOT HISP BIRTHDAY : 12-19-86 EXP DELIV DAY : DELIVERY DATE : HEALTHY START : 0 | STATUS : VOUCHER DAY : 01 PACKAGE : 333 PRIORITY CDE : 3AX TEEN RISK : 0 LP USE : ----- | CERTIFIED : 03-04-87 ASSESSED : 2ND CONTACT : ELIG. REVIEW : 09-23-88 RECERTIFIED : 09-23-88 TERMINATED : TERM CODE : 0 |
| RECERT NEXT MO | | | | | |
| 10053023 | BR [REDACTED] ASHLEY APT 2 RD2 BOX 203 GREAT BARRINGTON 000-000-0000 | 101230 | WIC : CHIL0 SEX : FEMALE RACE : WHT NOT HISP BIRTHDAY : 05-29-86 EXP DELIV DAY : DELIVERY DATE : HEALTHY START : 0 | STATUS : VOUCHER DAY : 01 PACKAGE : 325 PRIORITY CDE : 3BX TEEN RISK : 0 LP USE : ----- | CERTIFIED : 07-20-87 ASSESSED : 2ND CONTACT : ELIG. REVIEW : 12-01-88 RECERTIFIED : 06-01-88 TERMINATED : TERM CODE : 0 |
| HOUSEHOLD : 10053023 | | | | | |
| 10053031 | BR [REDACTED] BRANDY APT 2 RD2 BOX 203 GREAT BARRINGTON 000-000-0000 | 101230 | WIC : CHIL0 SEX : FEMALE RACE : WHT NOT HISP BIRTHDAY : 05-29-86 EXP DELIV DAY : DELIVERY DATE : HEALTHY START : 0 | STATUS : VOUCHER DAY : 01 PACKAGE : 325 PRIORITY CDE : 3BX TEEN RISK : 0 LP USE : ----- | CERTIFIED : 07-20-87 ASSESSED : 2ND CONTACT : ELIG. REVIEW : 12-01-88 RECERTIFIED : 06-01-88 TERMINATED : TERM CODE : 0 |
| HOUSEHOLD : 10053031 | | | | | |
| 10320026 | BU [REDACTED] AMBER TDLAND RD THE THICKEST SANDSFIELD 413-258-6279 | 101255 | WIC : CHIL0 SEX : FEMALE RACE : WHT NOT HISP BIRTHDAY : 06-22-85 EXP DELIV DAY : DELIVERY DATE : HEALTHY START : 0 | STATUS : VOUCHER DAY : 01 PACKAGE : 322 PRIORITY CDE : 3AX TEEN RISK : 0 LP USE : ----- | CERTIFIED : 03-29-88 ASSESSED : 2ND CONTACT : ELIG. REVIEW : 09-29-88 RECERTIFIED : TERMINATED : TERM CODE : 0 |
| RECERT NEXT MO | | | | | |
| HOUSEHOLD : 10320026 | | | | | |

AUGUST PARTICIPANT REPORT SHOWING:
 . RECERT DUE THIS MONTH (AUGUST)
 . RECERT DUE NEXT MONTH (SEPTEMBER)

WIC PARTICIPANT REPORT

| REPORT NO WIC020A | | WIC PARTICIPANT REPORT FOR AUGUST 88 | | PAGE 9 |
|-------------------|--|---|--|---|
| | | PROGRAM 052 SOUTH BERKSHIRE WIC SITE 01 GREAT BARRINGTON | | |
| 10008019 | CR [REDACTED] ALICIA WFOI BOX 347 SHEFFIELD 000-000-0000 | 01257 | WIC : CHILO SEX : FEMALE RACE : WHT NOT HISP BIRTHDAY : 08-29-87 EXP DELIV OAY : DELIVERY DATE : HEALTHY START : 0 | STATUS : VOUCHER OAY : 08 PACKAGE : 322 PRIORITY COE : 2XX TEEN RISK : 0 LP USE : ----- |
| ACTIVE | RECERT NEXT MO HOUSEHOLD : 10008019 | | | CERTIFIED : 09-08-87 ASSESSED : 2ND CONTACT : ELIG. REVIEW : 09-08-88 RECERTIFIED : 03-08-88 TERMINATED : TERM CODE : 0 |
| 10022010 | CU [REDACTED] DANIEL YALE HILL BOX 866 STOCKBRIDGE 413-298-3747 | 01262 | WIC : INFANT SEX : MALE RACE : WHT NOT HISP BIRTHDAY : 09-21-87 EXP DELIV OAY : DELIVERY DATE : HEALTHY START : 0 | STATUS : 80TTL VOUCHER OAY : 01 PACKAGE : 201 PRIORITY COE : 4AX TEEN RISK : 0 LP USE : ----- |
| ACTIVE | FIRST BIRTHDAY : LEMLIN JEANNE HOUSEHOLD : 10022010 | | | CERTIFIED : 09-21-87 ASSESSED : 2ND CONTACT : ELIG. REVIEW : 10-25-88 RECERTIFIED : 04-25-88 TERMINATED : TERM CODE : 0 |
| 18900027 | CU [REDACTED] STEVEN MILL RIVER PO BOX 133 NEW MARLBORO 413-229-8116 | 01230 | WIC : CHILO SEX : FEMALE RACE : WHT NOT HISP BIRTHDAY : 10-12-86 EXP DELIV OAY : DELIVERY DATE : HEALTHY START : 0 | STATUS : VOUCHER OAY : 08 PACKAGE : 004 PRIORITY COE : 4AX TEEN RISK : 0 LP USE : ----- |
| INACTIVE | IRMINATED : CURTIS HANCY HOUSEHOLD : 18900027 | | | CERTIFIED : 10-12-86 ASSESSED : 2ND CONTACT : ELIG. REVIEW : RECERTIFIED : 12-15-87 TERMINATED : 07-15-88 TERM CODE : 1 |
| 65300022 | OA [REDACTED] AMAHOA 39 PEARL ST GREAT BARRINGTON 413-528-4573 | 01230 | WIC : CHILO SEX : FEMALE RACE : WHT NOT HISP BIRTHDAY : 02-26-85 EXP DELIV OAY : DELIVERY DATE : HEALTHY START : 0 | STATUS : VOUCHER OAY : 08 PACKAGE : 004 PRIORITY COE : 3AX TEEN RISK : 0 LP USE : ----- |
| ACTIVE | RECERT THIS MO HOUSEHOLD : 65300022 | | | CERTIFIED : 02-26-85 ASSESSED : 2ND CONTACT : ELIG. REVIEW : 08-09-88 RECERTIFIED : 02-09-88 TERMINATED : TERM CODE : 0 |
| 65300030 | OA [REDACTED] ELIZABETH 39 PEARL ST GREAT BARRINGTON 413-528-4573 | 01230 | WIC : CHILO SEX : FEMALE RACE : WHT NOT HISP BIRTHDAY : 08-12-83 EXP DELIV OAY : DELIVERY DATE : HEALTHY START : 0 | STATUS : VOUCHER OAY : 08 PACKAGE : 004 PRIORITY COE : 3AX TEEN RISK : 0 LP USE : ----- |
| ACTIVE | LAST MONTH ELIG : DAVIDSON JEANNE HOUSEHOLD : 65300030 | | | CERTIFIED : 08-12-83 ASSESSED : 2ND CONTACT : ELIG. REVIEW : 08-09-88 RECERTIFIED : 02-09-88 TERMINATED : TERM CODE : 0 |
| 71570014 | OA [REDACTED] ASHLEY PO BOX 161 NEW MARLBORO 413-229-3547 | 01244 | WIC : CHILO SEX : FEMALE RACE : WHT NOT HISP BIRTHDAY : 05-18-84 EXP DELIV OAY : DELIVERY DATE : HEALTHY START : 0 | STATUS : VOUCHER OAY : 08 PACKAGE : 365 PRIORITY COE : 3CX TEEN RISK : 0 LP USE : ----- |
| ACTIVE | DAVIS TAMMY HOUSEHOLD : 71570014 | | | CERTIFIED : 05-18-84 ASSESSED : 2ND CONTACT : ELIG. REVIEW : 11-09-88 RECERTIFIED : 05-09-88 TERMINATED : TERM CODE : 0 |

AUGUST PARTICIPANT REPORT SHOWING:

- FIRST BIRTHDAY 12 SEPTEMBER
- INACTIVE PARTICIPANT
- LAST MONTH ELIGIBLE (WILL BE TERMINATED 8/12/88)

RESOLVING PROBLEMS IDENTIFIED IN VOUCHER RECONCILIATION

THE WIC COMPUTER SYSTEM RECONCILES PAID VOUCHERS AND EXAMINES THE MASTERFILES EACH MONTH.

THE WIC COMPUTER PRODUCES FOUR PROBLEM REPORTS DURING THIS MONTHLY RECONCILIATION AND SENDS THEM TO YOU FOR RESOLUTION:

1. CASH ERRORS
2. PARTICIPANTS NOT ON MASTERFILE (PNMF)
3. DUAL PARTICIPATION
4. MULTIPLE ISSUANCE

Food delivery follow-up reports are produced by the computer to help you monitor voucher distribution and program participation on an ongoing basis.

Follow-up reports are produced and sent to you at the end of each month. (If the computer does not report any problems in any of the above areas during a given month, no report is issued.) Return a complete report response to the Food Delivery Specialist at the state WIC office by the last day of the following month.

The following sections explain each report and how to respond to it.

CASH ERRORS

CASH ERRORS ARE VOUCHERS THAT HAVE BEEN PAID BUT ARE NOT RECORDED IN THE VOUCHER MASTERFILE AS HAVING BEEN ISSUED.

PROVIDE THE STATE WIC OFFICE WITH COMPLETE ISSUANCE INFORMATION ABOUT EACH CASH ERROR.

A cash error is usually a manual voucher and is a result of one of the following:

1. Manual voucher input was not submitted
2. Manual voucher input was submitted late or was lost in the mail
3. Manual voucher input was submitted with error, and was not corrected and resubmitted before the monthly reconciliation report was done
4. A voucher's magnetic-ink serial number was damaged and then misread
5. Manual vouchers were stolen and cashed.

THE CASH ERROR REPORT

This report contains serial numbers of manual vouchers issued to your program which were cashed in a given month, for which there is no issuance record in the voucher masterfile.

If all the vouchers of a food package are not cashed at the same time, they may not all appear as a cash errors in the same month. If some are cashed the following month, they may appear as cash errors in the report for that month if the input has still not been submitted.

COMPLETING THE CASH ERRORS REPORT

1. Write "yes" beside each serial number for which you have an input copy containing participant name and date of issue.
2. Write "name only" if participant's name is present but date of issue is missing.
3. Write "no" if you have a blank input or no input.
4. Sign and date one copy of each page of the cash error report and return to the Food Delivery Specialist by the last day of each month.
5. Save one copy of the report for your records.

Try to determine why each error occurred (regardless of whether you have a signed input copy) and provide this information under "COMMENTS". You might also want to mark the cash errors on your input copies. Do not send copies of your input to the state WIC office. If you cannot locate a signed input copy for a participant cash error, the voucher is considered improperly distributed and your agency could potentially be liable for its cost.

After determining why your cash errors occurred, try to develop procedures which will reduce or eliminate them. For example, set up a timetable for submitting manual voucher inputs on time and for correcting manual voucher input errors before the cash error report is produced.

PREVENTING CASH ERRORS

Use the following procedure to help reduce the number of cash errors due to manual voucher input error.

1. Batch and retain your manual voucher input copies the same way as the mailed copies until the corresponding Update, Edit and Reject reports arrive.
2. Use the Update report to identify all serial numbers which were accepted into the computer. Be sure all serial numbers on the input copy were accepted. (Occasionally the second line of serial numbers is not keyed. Promptly resubmit a duplicate of your input copy on which you have crossed out the serial numbers which were accepted; highlight what needs to be keyed.)

3. Match remaining inputs with Edit and Reject reports. Correct errors on your copy, retain a duplicate, and resubmit promptly.
4. Promptly resubmit any input which doesn't appear on the Update, Edit or Reject report. It may have been lost in the mail or may represent a keypunching error.

Note: When you resubmit input, write "resubmitted" and the date on the copy you keep.

CASH ERRORS

6/01/88 OPH MASS MIC * CASH ERRORS * REPORT 3P * VOUCHERS CREATED IN MAR 88

PAID IN THE MONTH OF APRIL

PAGE

1

PROGRAM DIRECTOR SIGNATURE _____

DATE ____/____/____

RETURN THIS FORM TO STATE AGENCY *** KEEP A COPY FOR 7 FISCAL YEARS

| PROGRAM | VOUCHER SERIAL NUMBER | PAY DATE | AMOUNT PAID | TOTAL VOUCHERS | INPUT COPY ON HAND WITH NAME AND DATE ? YES/NO | COMMENTS IF ANY |
|---------------|-----------------------------|----------|-------------|-------------------|--|-----------------|
| 002 | 8000953 | 4/05/88 | 12.72 | | ___ | |
| 002 | 8002673 | 4/14/88 | 4.16 | | ___ | |
| 002 | 8002674 | 4/12/88 | 4.85 | | ___ | |
| 002 | 8002675 | 4/12/88 | 6.54 | | ___ | |
| 002 | 8002676 | 4/14/88 | 4.86 | | ___ | |
| 002 | 8100169 | 4/19/88 | 19.26 | | ___ | |
| 002 | 8100170 | 4/22/88 | 10.85 | | ___ | |
| 002 | 8100171 | 4/19/88 | 11.64 | | ___ | |
| 002 | 8100172 | 4/22/88 | 10.55 | | ___ | |
| 002 | 8101057 | 4/14/88 | 15.92 | | ___ | |
| 002 | 8101058 | 4/21/88 | 15.92 | | ___ | |
| 002 | 8101277 | 4/29/88 | 12.80 | | ___ | |
| 002 | 8101278 | 4/29/88 | 12.80 | | ___ | |
| 002 | 8101279 | 4/29/88 | 12.80 | | ___ | |
| 002 | 8101280 | 4/29/88 | 11.20 | | ___ | |
| PROGRAM TOTAL | | | 166.87 | 15 | | |

PARTICIPANTS NOT ON MASTERFILE

THE PARTICIPANTS NOT ON MASTERFILE REPORT (PNMF) LISTS PARTICIPANTS FOR WHOM VOUCHERS WERE ISSUED AND CASHED BUT FOR WHOM THERE IS NO RECORD ON THE PARTICIPANT MASTERFILE.

This report lists participant names and ID numbers, and voucher serial number, issue date and voucher type (only one per participant) for vouchers which were cashed in the month prior to the report date. (See sample report below.) These vouchers do have complete records in the voucher masterfile, but the person to whom they were issued does not have an active or inactive record in the Participant Masterfile which contains the same program code, site code and ID# as the record in the voucher masterfile.

Inactive records remain in the participant masterfile for four months after termination. For example, a participant who received her last set of vouchers in October and cashed them in November should not appear on the December reports, as she will remain inactive in the masterfile until March.)

Possible reasons for participants appearing on the PNMF report include:

1. type 1 participant input not yet accepted
2. wrong site code on manual voucher input
3. wrong ID number on manual voucher input
4. record was purged by computer because of "old" recert or termination date recently submitted on a participant record (e.g., 1986 instead of 1987).

COMPLETING THE PNMF REPORT

1. Write "yes" beside each participant for whom you have a certification record which is valid for the issue date shown.
2. Explain why this participant does not appear in the participant masterfile (as active or inactive) as of the run date of this report.
3. Sign and date each page and return to the Food Delivery Specialist by the last day of the month.

To decrease the volume of PNMF's, watch for patterns in "reason not on PMF". Develop procedures which will reduce or eliminate this problem. Submit and correct type 1 participant inputs and manual voucher inputs promptly.

PARTICIPANTS NOT ON MASTERFILE

6/01/88

DPH *** MASS WIC *** PARTICIPANTS NOT ON MASTERFILE WITH VOUCHERS PAID IN THE MONTH OF APRIL

PAGE

PROGRAM DIRECTOR SIGNATURE

DATE
 RETURN THIS FORM TO STATE AGENCY *** KEEP A COPY FOR 7 FISCAL YEARS

| PROG | SITE | NAME | PARTICIPANT I.D. | VOU TYPE | VOUCHER NUMBER | ISSUE DATE | PAY DATE | CERT FORM VALID FOR ISSUE DATE ON HAND ? | REASON NOT ON PMF | TALLY |
|------|------|------|------------------|----------|----------------|------------|----------|--|-------------------|-------|
| 002 | 001 | A | T | 11431012 | 016 | 8002845 | 4/07/88 | 4/28/88 | | |
| 002 | 001 | A | R | 07430044 | 031 | 8002882 | 4/01/88 | 4/28/88 | | |
| 002 | 001 | A | B | 07931058 | 124 | 8101261 | 4/22/88 | 4/29/88 | | |
| 002 | 001 | A | M | 07168024 | 153 | 8001814 | 4/01/88 | 4/20/88 | | |
| 002 | 001 | B | M | 11122025 | 124 | 8101221 | 4/20/88 | 4/26/88 | | |
| 002 | 001 | B | B | 70322029 | 124 | 8101225 | 4/20/88 | 4/29/88 | | |
| 002 | 001 | B | H | 07333016 | 017 | 8102902 | 4/01/88 | 4/20/88 | | |
| 002 | 001 | B | J | 05026034 | 124 | 8001301 | 3/30/88 | 4/04/88 | | |
| 002 | 001 | B | A | 30030027 | 024 | 8000425 | 4/01/88 | 4/26/88 | | |
| 002 | 001 | B | R | 30030019 | 124 | 8101065 | 4/01/88 | 4/20/88 | | |
| 002 | 001 | B | M | 11448024 | 024 | 8000493 | 4/15/88 | 4/19/88 | | |
| 002 | 001 | C | W | 11338027 | 038 | 8003641 | 4/01/88 | 4/29/88 | | |
| 002 | 001 | C | C | 11428026 | 016 | 8003241 | 4/01/88 | 4/26/88 | | |
| 002 | 001 | C | K | 11346012 | 124 | 8001381 | 4/04/88 | 4/12/88 | | |
| 002 | 001 | C | A | 01156025 | 028 | 8004561 | 4/01/88 | 4/28/88 | | |
| 002 | 001 | D | M | 10083012 | 124 | 8001911 | 4/13/88 | 4/19/88 | | |
| 002 | 001 | D | S | 11283017 | 038 | 8003665 | 4/01/88 | 4/11/88 | | |
| 002 | 001 | G | S | 90045022 | 153 | 8002167 | 3/08/88 | 4/14/88 | | |
| 002 | 001 | G | C | 11424017 | 024 | 8100141 | 4/04/88 | 4/12/88 | | |
| 002 | 001 | H | R | 04058020 | 031 | 8002854 | 4/07/88 | 4/13/88 | | |
| 002 | 001 | H | M | 01041011 | 718 | 9753356 | 3/08/88 | 4/04/88 | | |
| 002 | 001 | H | T | 06883037 | 725 | 9753598 | 3/08/88 | 4/13/88 | | |
| 002 | 001 | J | A | 10312031 | 016 | 8102805 | 4/08/88 | 4/29/88 | | |
| 002 | 001 | J | K | 11048006 | 024 | 8000481 | 4/08/88 | 4/29/88 | | |

DUAL PARTICIPATION

THE DUAL PARTICIPATION REPORT LISTS ACTIVE PARTICIPANTS WITH THE SAME NAME WHO APPEAR:

- o TWICE ON ONE PROGRAM'S PARTICIPANT MASTERFILE
- o ONCE ON TWO PROGRAMS' PARTICIPANT MASTERFILE

Possible reasons for participants appearing on the Dual Participation report include:

1. Two participant input forms, each with a different ID number, were submitted for the same participant
2. An input form terminating a participant was never submitted and a type 1 participant input form was submitted issuing a new ID number to the same individual
3. Two individuals in the same family have identical names. This is not a problem, but it requires an explanation on the report
4. A participant was transferred within the state and the input for termination was not submitted or was submitted incorrectly
5. A participant is fraudulently participating in more than one program, or is receiving two sets of vouchers from one program

COMPLETING THE DUAL PARTICIPATION REPORT

1. For participants who are listed twice within your program, decide on one site and/or ID number for the participant and terminate the unwanted listing before the next input cutoff date.
2. For participants who are listed on your program and in the "other program" column, contact the other program's director to investigate and resolve the situation. Submit terminations by the next input cutoff date.

In cases of dual participation (fraud), decide which program should terminate the participant and what penalty, if any, should be applied. This may range from 6 months' probation to a 3 month disqualification. (See the IMPOSING PENALTIES section of the Procedure Manual for guidance on sanction procedures.) The program retaining the participant should then sanction the participant.

3. Note the actions taken, sign and date the report, and return it to the state WIC Food Delivery Specialist by the last day of each month.

DUAL PARTICIPATION

6/01/88

OPH ** MASS MIC ** DUAL PARTICIPATION
 LISTING BY PROGRAM OF ACTIVE PARTICIPANTS WITH THE SAME NAME

PAGE 20

PROGRAM DIRECTOR SIGNATURE _____

DATE ____/____/____

| PROG | SITE | ID | WICTYP | NAME | ADDR | TELE | PHONE | OTHER PROGRAM | ACTION TAKEN |
|------|------|----------|--------|--------------|--------------------|---------------|----------|---------------|--------------|
| 062 | 02 | 00164178 | 9 | G [REDACTED] | 24 CHARLTON ST A9 | MO [REDACTED] | 000 0000 | ___ | ___ |
| 062 | 02 | 00170779 | 9 | G [REDACTED] | 24 CHARLTON ST #18 | MO [REDACTED] | 000 0000 | ___ | ___ |
| 062 | 01 | 00180083 | 7 | V [REDACTED] | 120 CHINO AVE | MO [REDACTED] | 000 0000 | ___ | ___ |
| 062 | 01 | 00198606 | 7 | V [REDACTED] | 120 CHINO AVE | MO [REDACTED] | 000 0000 | ___ | ___ |

PROG TOTAL

MULTIPLE ISSUANCE

THE MULTIPLE VOUCHER ISSUANCE REPORT FOR EACH LOCAL WIC PROGRAM LISTS PARTICIPANTS WHO WERE ISSUED 7 OR MORE VOUCHERS DURING A SINGLE CALENDAR MONTH. YOU MUST PROVIDE THE STATE WIC OFFICE WITH AN EXPLANATION FOR EACH INSTANCE OF MULTIPLE ISSUANCE IDENTIFIED ON THIS REPORT.

Multiple issuance is the distribution of 7 or more vouchers (computer-generated and/or manual) to the same participant ID number during one calendar month.

Some reasons for multiple issuance are:

1. Food package contains 7 or more vouchers.
2. 1½ packages were issued in the same month for "catch up" to other participating family members or to cover a 6-week period before next voucher pick-up date.
3. Manual voucher input form was submitted with a participant ID number already on the masterfile. (2 inputs with the same ID number submitted within one input cycle appear on the Manual Voucher Edit Listing, not on the Multiple Issuance report.)
4. 2 packages were issued in one month, one intended for the first month and one for the next month.
5. A formula change was made after the participant redeemed the first set of vouchers and returned the formula to the local program in exchange for a new set of vouchers.
6. Fraud.

COMPLETING THE MULTIPLE ISSUANCE REPORT

The Multiple Issuance report lists all vouchers meeting the criteria above that were cashed by the participant and paid by the bank. It provides issue date, voucher serial number, voucher type, paid date, program and site code, participant name and ID number for each voucher on the report. Explain the reason for multiple issuance in the space provided.

The multiple issuance report is mailed to you at the end of the month. Return your response to the state WIC office by the last day of the following month.

MULTIPLE ISSUANCE

02/01/88 4828141 707 02/09/88 002 001 CA [REDACTED] C [REDACTED] 07154024
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VENDOR SYSTEM

A WIC VENDOR IS A RETAIL FOOD STORE, PHARMACY, OR HOME DELIVERY SERVICE AUTHORIZED BY THE WIC PROGRAM TO REDEEM WIC FOOD VOUCHERS FOR SPECIFIED WIC FOODS.

Retail vendors play a critical part in the WIC Program. As the distributors of the special WIC foods, vendors are essential in helping to improve the nutritional status of members of their communities.

The WIC Program benefits participating vendors not only because of the direct contribution of WIC food sales, but also because WIC participants who purchase their WIC foods from a vendor normally purchase other products at the same time.

In return for WIC sales, the WIC Program expects vendors to treat WIC participants the same as other customers and to follow the rules and regulations of the WIC program.

VENDOR SELECTION

The main steps in the vendor selection process are:

1. Each local program designs a vendor selection plan for its service area which identifies the number and preferred location of vendors with whom they will enter into an agreement.
2. Interested vendors submit applications to the local WIC program.
3. The local program selects vendors, pharmacies, and (if needed in rural areas) home delivery services according to standard criteria developed by the state WIC office (normally every three years, for a 3-year agreement). Pharmacies are authorized to ensure that WIC participants have access to special infant formulas.
4. The local program signs agreements with selected food vendors and pharmacies and monitors their compliance with WIC Program procedures throughout the fiscal year.

Each of these steps is outlined in detail in the following sections.

DETERMINING NEED FOR VENDORS

CONSIDER THESE FACTORS WHEN DETERMINING YOUR VENDOR NEEDS:

1. YOUR KNOWLEDGE OF YOUR COMMUNITY
2. RESULTS OF THE PARTICIPANT SHOPPING SURVEY
3. COMMON SENSE

USE THE PARTICIPANT SHOPPING SURVEY BEFORE EACH 3-YEAR VENDOR AGREEMENT CYCLE BEGINS.

THE PARTICIPANT SHOPPING SURVEY

Use the "Participant Shopping Survey" to obtain information from participants about their shopping preferences. The survey is mandatory every three years, and optional in other years. Make the summary available during voucher pickup, ideally in March or April, so that the results will be ready in time to prepare the Vendor Selection Plan. You may also survey participants orally and have staff complete the survey forms.

The "Participant Shopping Survey" is included in the Originals Packet.

THE NUMBER OF VENDORS YOU NEED

The standard ratio recommended by the state WIC office is one food vendor for every 75 to 100 participants in rural areas, one food vendor for every 150 to 200 participants in urban areas, and one pharmacy for every 300 participants (or one for each program site, if needed).

In deciding how many vendors you need to authorize, think about:

1. How many vendors your participants need
2. Where those vendors should be located throughout your catchment area
3. How much staff time is available for vendor training and monitoring.

THE VENDOR SELECTION PLAN

USE THE VENDOR SELECTION PLAN TO SPECIFY THE NUMBER AND DISTRIBUTION OF VENDORS YOU DESIRE FOR THE COMING FISCAL YEAR.

SEND YOUR COMPLETED VENDOR SELECTION PLAN TO THE STATE OFFICE SO THAT IT IS RECEIVED BY JUNE 1 OF EACH YEAR.

YOU WILL RECEIVE APPROVAL OR NOTICE OF CHANGES REQUESTED BY JULY 1.

Use the "VENDOR SELECTION PLAN" to outline and describe your goals for service.

COMPLETING THE VENDOR SELECTION PLAN

1. Program name
2. Assigned caseload Write your assigned caseload as of May.
3. Proposed Number of Vendors Specify the total number of vendors you are requesting for the next fiscal year, broken down by food stores, pharmacies and home delivery vendors.
4. Food Vendor : Participant Ratio Divide your caseload by the number of vendors to determine the ratio of participants to food stores and home delivery vendors (e.g., 1 to 75).
5. Pharmacy : Participant Ratio Divide your caseload by the number of pharmacies to determine the ration of participants to pharmacies.
6. Towns in Catchment Area List every town that is formally a part of your catchment area.
7. Number of Participants List the number of active participants living in each town.

8. WIC Site? Put a check mark in this column if you have a WIC site in this town.
9. Proposed Coverage
 - o Under "# of food stores", indicate the number of food vendors you wish to authorize in each town. Do not include home delivery in this count.
 - o Under "# of pharmacies", indicate the number of pharmacies you wish to authorize in each town.
 - o Under "home delivery coverage", place a check mark if you would like to have home delivery cover this town in addition to or in place of food vendors and/or pharmacies.
10. Special Factors Affecting Selection Plan Explain any particular circumstances which affect your plan, such as:
 - a. Number and distribution of participants served
 - b. Availability of transportation, geography and other factors affecting participant access to stores
 - c. Participant shopping preferences as indicated by the "PARTICIPANT SHOPPING SURVEY"
 - d. Vendor shortages
 - e. Hours of vendor operation
 - f. Racial or ethnic considerations
 - g. Staff time available at your local program for vendor training and monitoring
11. Home Delivery If home delivery is necessary to serve your participants, use this space to explain why.

Note: You may not authorize home delivery vendors to provide services in urban areas, and any home delivery vendors you authorize may not serve WIC participants who live in urban areas. See the HOME DELIVERY section of this Procedure Manual.
12. Number of Vendors If your ratios of food vendors and pharmacies to participants do not fall within the recommended figures (1:75-100 rural and 1:150-200 urban for food stores, and approximately 1:300 for pharmacies), use this space to explain why.
13. Prepared by / Title / Date Fill in the signature and title of the person preparing the plan, and the date it was completed.

VENDOR APPLICATIONS

ALL VENDORS MUST SUBMIT APPLICATIONS IN ORDER TO BE CONSIDERED FOR WIC AUTHORIZATION. SEND AN APPLICATION TO ANY VENDOR WHO REQUESTS ONE.

Vendor applications are available in English and Spanish, beginning in June of each year. Vendor agreements are awarded on a three-year cycle, e.g., FY 89-91. All vendors must apply at the beginning of each cycle; no vendor automatically receives a new agreement.

Award additional agreements at the beginning of years 2 and 3 for the remaining years of the cycle only if:

- o Your program's Vendor Selection Plan shows a need for more vendors

OR

- o Authorized vendors are no longer on the Program and slots have opened

OR

- o One or more food vendors have applied for an Agreement and there are no slots available under #1 or #2 above; in this case, make one additional food vendor slot available each year. Vendors who cannot compete for any other slot will compete for this one.

All vendors with current WIC agreements will be sent applications by the state WIC office for each 3-year agreement period. All other vendors must request an application in writing.

PHARMACIES

Pharmacies wishing to accept WIC vouchers for infant formula and other foods must complete and submit both the food vendor and the pharmacy applications. (They must then submit both types of quarterly price lists throughout the year.)

FOOD CO-OPS

If a food co-op charges different prices for members and non-members, have them submit separate price lists for members and non-members.

See the DETERMINING COMPOSITE PRICES FOR VENDORS section for more information.

VENDOR APPLICATIONS

Keep all vendor applications for 7 fiscal years, including those for vendors with whom you have not contracted.

NOTIFYING VENDORS ABOUT THE APPLICATION PROCESS

BY JUNE 10 OF THE FINAL YEAR OF EACH 3-YEAR AGREEMENT PERIOD, THE STATE WIC OFFICE WILL SEND EACH CURRENTLY PARTICIPATING WIC VENDOR A "VENDOR AUTHORIZATION EXPIRATION LETTER" AND AN APPLICATION PACKET.

YOU ARE ENCOURAGED TO SOLICIT ANY ADDITIONAL APPLICATIONS NEEDED.

MAKE SURE ALL PUBLICITY YOU USE TO SOLICIT APPLICATIONS IS NON-DISCRIMINATORY.

NOTIFYING CURRENTLY PARTICIPATING VENDORS

The "VENDOR AUTHORIZATION EXPIRATION LETTER" sent by the state office formally notifies vendors that:

- current WIC agreements expire on September 30,
- participating vendors must submit applications in order to be considered for a new WIC agreement, and
- applications are due on a given date in July.

NOTIFYING VENDORS NOT CURRENTLY PARTICIPATING IN WIC

The state WIC office makes public announcements of the vendor application process in newspapers throughout Massachusetts, such as:

BAY STATE BANNER

DAILY HAMPSHIRE GAZETTE

BERKSHIRE EAGLE

PROVIDENCE JOURNAL

BOSTON GLOBE

SPRINGFIELD DAILY NEWS

CAPE COD TIMES

WORCESTER TELEGRAM AND GAZETTE

THE HOLYOKE TRANSCRIPT

The state WIC office will supply you with samples of announcements and press releases if you wish to submit them to newspapers in your catchment area.

Become A WIC Vendor

The Special Supplemental Food Program for Women, Infants, and Children (WIC) is seeking applications from interested food vendors and pharmacies for FY'89-91 contracts.

More than 70,000 WIC participants will spend over \$29 million this year in 750 WIC-authorized retail grocery stores, dairies, and pharmacies.

To request an application, write to:



Vendor Manager
Massachusetts WIC Program
Department of Public Health
150 Tremont Street, 3rd Floor
Boston, MA 02111

Call 1-800-WIC-1007 or 617-727-6876 before July 1 for more information about applying.

Application deadline is July 15, 1988, 4:00 p.m.

REQUESTS FOR VENDOR APPLICATIONS

ALL VENDORS WHO DO NOT HAVE CURRENT WIC AGREEMENTS MUST REQUEST WIC VENDOR APPLICATIONS IN WRITING.

SEND AN APPLICATION PACKET TO ANY VENDOR REQUESTING AN APPLICATION IN WRITING.

ACCEPT APPLICATION REQUESTS FROM ANY VENDOR AT ANY TIME DURING THE YEAR.

KEEP TRACK OF ALL VENDOR REQUESTS SO YOU CAN PROCESS THEM WITHIN THE APPROPRIATE DEADLINES.

REQUESTS BEFORE THE DEADLINE

Vendors may request applications for the upcoming agreement period (the full three-year period or the remaining one or two years of a three-year agreement period) until the annual deadline for submitting completed applications has passed.

REQUESTS AFTER THE DEADLINE

If a vendor requests an application after the annual deadline has passed, call or write to notify them that the deadline is past but that you will send them an application:

- o if you need to reopen your application process, or
- o when the new contracting period begins.

Keep track of all written requests, and send these vendors application packets for the following year when you receive them from the state WIC office.

Mathematics

| Problem | Solution |
|--|---|
| 1. A number is 5 more than 3 times another number. If the sum of the two numbers is 23, find the numbers. | $\begin{aligned}x + 3y &= 23 \\x + y &= 5\end{aligned}$ $\begin{aligned}x + 3y &= 23 \\-(x + y) &= -5 \\2y &= 28 \\y &= 14\end{aligned}$ $\begin{aligned}x + y &= 5 \\x + 14 &= 5 \\x &= -9\end{aligned}$ $\begin{aligned}x &= -9 \\y &= 14\end{aligned}$ |
| 2. A number is 10 less than 4 times another number. If the sum of the two numbers is 14, find the numbers. | $\begin{aligned}x + 4y &= 14 \\x + y &= -10\end{aligned}$ $\begin{aligned}x + 4y &= 14 \\-(x + y) &= -10 \\3y &= 24 \\y &= 8\end{aligned}$ $\begin{aligned}x + y &= -10 \\x + 8 &= -10 \\x &= -18\end{aligned}$ $\begin{aligned}x &= -18 \\y &= 8\end{aligned}$ |
| 3. A number is 15 more than 2 times another number. If the sum of the two numbers is 30, find the numbers. | $\begin{aligned}x + 2y &= 30 \\x + y &= 15\end{aligned}$ $\begin{aligned}x + 2y &= 30 \\-(x + y) &= -15 \\y &= 15\end{aligned}$ $\begin{aligned}x + y &= 15 \\x + 15 &= 15 \\x &= 0\end{aligned}$ $\begin{aligned}x &= 0 \\y &= 15\end{aligned}$ |
| 4. A number is 20 less than 5 times another number. If the sum of the two numbers is 25, find the numbers. | $\begin{aligned}x + 5y &= 25 \\x + y &= -5\end{aligned}$ $\begin{aligned}x + 5y &= 25 \\-(x + y) &= -5 \\4y &= 30 \\y &= 7.5\end{aligned}$ $\begin{aligned}x + y &= -5 \\x + 7.5 &= -5 \\x &= -12.5\end{aligned}$ $\begin{aligned}x &= -12.5 \\y &= 7.5\end{aligned}$ |

DISTRIBUTING VENDOR APPLICATIONS

SEND ALL VENDOR APPLICATION PACKETS BY CERTIFIED MAIL OR HAND-DELIVER THEM.

When you receive a written request from a vendor not currently authorized by WIC, send her/him a WIC Vendor Application Packet immediately, or as soon as the applications become available. Accept requests until the deadline for returning the completed applications has passed.

BEFORE SENDING THE APPLICATIONS

1. Stamp or write your program name and address on each application price list.
2. Make sure that the correct date for food prices (as established by the state WIC office) has been filled in at the top of all pages of the price list, and above the signatures on the price list and application.

SENDING OR DELIVERING THE APPLICATIONS

1. Send each application with a "VENDOR APPLICATION COVER LETTER".
2. Obtain a written receipt for each application:
 - o For mailed applications, keep the certified mail receipt.
 - o For hand-delivered applications, have the vendor sign a "VENDOR APPLICATION RECEIPT".
3. File the application receipt in the vendor's file.

See the following pages for a copy of the WIC Vendor Application Packet.



WIC

VENDOR APPLICATION PACKET

FISCAL YEARS

1989 - 1991

(Oct. 1, 1988 - Sept. 30, 1991)

APPLICATION DEADLINE:

Friday, July 15, 1988

4:00 P.M.

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
WIC DIVISION

SPECIAL SUPPLEMENTAL FOOD PROGRAM
FOR WOMEN, INFANTS AND CHILDREN

MASSACHUSETTS WIC PROGRAM
VENDOR APPLICATION FY'89 - 91

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ATTACHMENTS

- (A) "Mandatory Minimum" Checklist for Food Vendors
- (B) Food Vendor Application and Price List
- (C) "Mandatory Minimum" Checklist for Pharmacies
- (D) Pharmacy Application and Price List

This is an Equal Opportunity Program. If you believe you have been discriminated against because of race, color, national origin, age, sex, or handicap, write immediately to the Secretary of Agriculture, Washington, D.C. 20250.

MA WIC FY'89-91

PUBLICATION: #15,486-22-2,500-5-88-CR
Approved by Ric Murphy, State Purchasing Agent

INTRODUCTION

MASSACHUSETTS WIC PROGRAM

WIC was legislated by Congress in 1972 to provide nutritious foods to women, infants and young children. Administered by the Massachusetts Department of Public Health, WIC currently contracts with 35 local health and social service agencies throughout Massachusetts.

Many low and moderate income women and children do not get essential nutrients. This places them at risk of health problems, including low birth weight, miscarriages, anemia and stunted growth. Therefore WIC provides both food and nutrition education to low and moderate-income pregnant, postpartum, and breastfeeding women, infants and children under five who are at nutritional risk. WIC does not, however, have enough funds to serve all eligible women and children, and must control food costs carefully to serve as many people as possible.

NUTRITION EDUCATION

The goal of WIC nutrition education is to promote healthy changes in participants' eating, food preparation and shopping habits. Once participants are certified for WIC, they receive nutrition counseling and a specific food package prescribed by a nutritionist.

The WIC foods are milk, cheese, eggs, 100% fruit juice, iron-fortified cereals, peanut butter, dried peas and beans, infant formula, and infant cereal. These foods provide nutrients such as iron, calcium, and Vitamins A, C and D, which are necessary for pregnant women and young children, but are most commonly deficient in American diets.

WIC FOOD VOUCHERS

A participant receives about 4 to 5 vouchers a month. Each voucher lists the specific types and amounts of foods prescribed. WIC vouchers can be used only at authorized WIC stores. The participant takes the WIC foods to the cashier, who separates out the WIC items on each voucher, rings up the WIC foods, and enters the price on the voucher. The participant signs the voucher to certify the correct price has been written, and gives it to the cashier. There is no exchange of money. The store is promptly reimbursed for the voucher after the manager deposits it in the store's bank.

WIC FOOD VENDORS AND PHARMACIES

As the actual distributors of WIC foods, WIC food vendors and pharmacies play a critical role in improving the health of their communities. It is important that WIC vendors ensure that participants purchase the correct foods with the WIC vouchers, so that they receive the foods they need.

It is equally important that food vendors and pharmacies charge the WIC Program fair and reasonable prices. Since the Massachusetts WIC Program cannot serve everyone who is eligible to participate in WIC, charging the lowest possible prices for WIC foods will help us to feed more people in need of the program.

THREE-YEAR VENDOR CONTRACTS

Beginning in Fiscal Year 1989, the Massachusetts WIC Program will be awarding three-year agreements to WIC food vendors and pharmacies. Each WIC Vendor Agreement that takes effect on October 1, 1988 will be valid through September 30, 1991 (FY 89-91) unless terminated earlier due to disqualification of the Vendor from the WIC Program or for any other reason as set forth in the Agreement.

Vendors will continue to have the opportunity each year to apply for a WIC Vendor Agreement.

Under the following circumstances, additional vendor agreements will be awarded within the FY 89-91 period:

1. If an opening exists in a specific geographic area due to withdrawal or disqualification of a WIC vendor.
2. If the number of WIC participants served by the local program in a specific geographic area increases and the Vendor Selection Plan is therefore amended to increase the number of openings for vendors in this area.
3. If there are any food vendor applicants not geographically eligible to compete for any opening in the above two categories, in which case the Local WIC Program will annually make available one additional food vendor opening for which this group of applicants may compete. (This category will not be available to pharmacies due to lower demand for WIC pharmacies).

Any agreement awarded under one of the above circumstances will be for the balance of the Fiscal Year 89-91 period.

The next three-year agreement period will be Fiscal Year 1992-1994.

IMPORTANT DATES

| | |
|---|---|
| SUNDAY, JUNE 12, 1988 | Public announcement of open competitive application process for WIC vendor agreements for Fiscal Year 1989-1991. Notices are published in <u>The Boston Globe</u> , <u>The Springfield Daily News</u> , <u>The Worcester Telegram and Gazette</u> , <u>The Providence Journal</u> (Massachusetts edition), <u>The Berkshire Eagle</u> and <u>The Holyoke Transcript</u> . |
| FRIDAY, JULY 1, 1988 | The date all actual shelf prices must be written on the WIC vendor application. |
| FRIDAY, JULY 15, 1988, 4:00 P.M. | DEADLINE FOR WIC PROGRAM RECEIPT OF APPLICATIONS FOR WIC VENDOR AGREEMENTS. THE LOCAL WIC PROGRAM WILL NOT CONSIDER ANY APPLICATIONS RECEIVED AFTER 4:00 P.M.*** |
| WEDNESDAY, AUGUST 31, 1988 | Last day for Local WIC Programs to postmark the notice of acceptance or rejection of the WIC vendor application. Local programs will send notices by certified mail or hand deliver them. |
| FRIDAY, SEPTEMBER 30, 1988 | Deadline for signing WIC vendor agreements for Fiscal Year 1989-1991. |
| OCTOBER 1, 1988 - SEPTEMBER 30, 1991 | Duration of Fiscal Year 1988-1991 agreement. |

*** SPECIAL NOTICE TO VENDORS: The Massachusetts WIC Program strongly recommends that all applications and other written materials be sent by certified mail or hand delivered. This prevents the possibility of loss or delay in the regular mail, and protects both the vendors who are submitting applications, and the local WIC programs. Vendors may use regular mail at their own risk. APPLICATIONS RECEIVED AFTER 4:00 P.M. ON FRIDAY, JULY 15, 1988 WILL NOT BE CONSIDERED.

THE VENDOR SELECTION PROCESS

**** IMPORTANT ****

THE SELECTION PROCESS IS VERY COMPETITIVE. ALL VENDORS WHO APPLY WILL NOT NECESSARILY RECEIVE A WIC VENDOR AGREEMENT. VENDORS' PRICES ARE A MAJOR FACTOR IN THE SELECTION PROCESS. IT IS IMPORTANT TO READ ALL OF THE INSTRUCTIONS CAREFULLY, AND TO FILL OUT THE INFORMATION EXACTLY AS REQUESTED. VENDORS ARE ENCOURAGED TO CONTACT THEIR LOCAL WIC PROGRAM FOR TECHNICAL ASSISTANCE IN COMPLETING THIS APPLICATION.

VENDOR SELECTION PLANS

Before any vendors are selected for the WIC Program, each Local WIC Program designs a vendor selection plan which specifies the number of food vendors and pharmacies needed to serve the WIC participants in that area. It is based on the following factors:

1. The need for food vendors, based on the number and distribution of WIC participants served by the local program,
2. The need for pharmacies, based on the number and distribution of participants needing special infant formulas,
3. WIC participant shopping preferences,
4. Local WIC Program resources available for vendor training and monitoring, and
5. The need, if any, for home delivery services in rural areas, based on participant hardship in access to stores.

THE VENDOR SELECTION PROCESS (continued)

SELECTION CRITERIA

To select the vendors that will be awarded WIC Vendor Agreements for Fiscal Year 1988-1991, Local WIC Program Directors will apply the following criteria uniformly statewide:

1. TIMELINESS. Applications received after 4:00 P.M. on Friday, July 15, 1988 will not be considered. (If an application is rejected for this reason, the vendor may not appeal the decision by requesting a fair hearing.)
2. COMPLETENESS. Incomplete applications will not be considered. The vendor application must be filled out completely and accurately, and IT MUST BE SIGNED by the owner, manager, or other individual with legal authority to obligate the vendor.
3. ACCURACY. Inaccurate information in the application may be grounds for denial of an application or later disqualification from the WIC Program.
4. MANDATORY MINIMUM OF FOODS. Vendors must stock all of the required WIC foods listed on the "Mandatory Minimum" checklist at all times.
5. PRICE. Vendors will be ranked according to standard Massachusetts WIC composite price procedures. Vendors that meet all other criteria and have the lowest prices may be selected based on the local WIC program vendor selection plan. (See further discussion of price issues on page 7.)
6. ACCESSIBILITY TO PARTICIPANTS. Vendors must be located in an area accessible to WIC participants as described by the vendor selection plan.
7. COMPLIANCE WITH WIC AND FOOD STAMP REGULATIONS. A vendor's current and prior compliance with the WIC Program and USDA Food Stamp Program regulations will be considered. Failure to pay any monetary claim assessed by the Massachusetts WIC Program will be grounds for denial of an application.
8. VOLUME. The application of any food vendor who has redeemed fewer than 20 WIC vouchers in a given month may be denied.
9. AVAILABILITY OF OPENINGS. The number of stores and home delivery services selected will be limited based on the Local Program's vendor selection plan. If the number of otherwise eligible vendors, based on the above criteria, exceeds the number of openings available, not all of the vendors will be selected.

THE VENDOR SELECTION PROCESS (continued)

SIGNING OF AGREEMENTS

Vendors who have been awarded agreements for Fiscal Year 1988-1991 must sign them by September 30, 1988 or the award will be automatically withdrawn. IT IS THE RESPONSIBILITY OF THE VENDOR TO COMPLY WITH THE ARRANGEMENTS MADE BY THE LOCAL WIC PROGRAM FOR SIGNING THE AGREEMENT.

FAIR HEARINGS

If an application is rejected for any reason except late submission and a vendor wishes to appeal the decision, the vendor must request a fair hearing by writing within 30 days of receiving the rejection letter, to the following address:

Vendor Specialist
Massachusetts WIC Program
Department of Public Health
150 Tremont Street, 3rd floor
Boston, MA 02111

HOW DOES THE WIC PROGRAM JUDGE PRICES?

Prices are a crucial factor in the decision whether to accept a vendor's application. Vendors whose prices may not be competitive are encouraged to offer lower prices on WIC-approved foods. (The Massachusetts WIC Program will then monitor the vendor's prices to ensure that these lower prices are actually used.)

If a WIC vendor application includes the "Mandatory Minimum" of WIC foods, as described later in this packet, and meets all the criteria, the Local WIC Program then determines whether the vendor's prices are competitive, using statewide guidelines. Food vendors' prices and pharmacies' prices are considered separately. To rank the food vendors' prices, the Local WIC Program determines a single "composite" price for each vendor. The composite price includes the prices of a wide variety of WIC foods, and takes into account that some foods are sold in a higher volume than others. The Local WIC Program then ranks the vendors according to their composite prices. Pharmacies' prices are similarly ranked, using a composite price for infant formulas.

In order for the price comparisons to be fair, the vendor must certify that the prices submitted as part of the application for the WIC vendor agreement include the HIGHEST AND LOWEST ACTUAL SHELF PRICES AT THAT LOCATION for July 1, 1988 - that is, the prices of the most and least expensive brands, as requested on the price list.

More detailed information about how the "composite price" is obtained will be available to the public after the application deadline. To obtain this information, write to:

Vendor Specialist
Massachusetts WIC Program
Department of Public Health
150 Tremont Street, 3rd floor
Boston, MA 02111

IMPORTANT: after an agreement is signed, the WIC Program will continue to review vendors' prices, using both the quarterly price reports and the prices submitted on vouchers. A vendor's agreement may be terminated at any time based on an unreasonable increase in prices, as set forth in the WIC vendor agreement. The prices included in the application will be important in determining whether price increases are reasonable.

WHAT IS THE "MANDATORY MINIMUM" FOR FOOD VENDORS?

In order for an application to be considered, the vendor must stock all ten (10) categories of the WIC foods as described below. These foods must be fresh, and there must be an adequate supply so that WIC participants are able to purchase them whenever the vendor is open for business.

A Mandatory Minimum Checklist is included for your convenience as Attachment A. WIC strongly recommends that you use this checklist to make sure your application is complete.

THE "MANDATORY MINIMUM" OF THE WIC FOODS IS:

A. JUICE

1. At least two (2) of the following types of 100% pure juice in bottles or cartons (at least one of which must be available in quart containers):
 - apple juice: West Lynn Creamery and East Greenwich in cartons, Stop & Shop in bottles
 - grapefruit juice
 - orange juice
2. At least two (2) of the following types of 100% pure frozen juice:
 - apple juice: Seneca in red cans, DeMoulas, Purity Supreme or Star Market
 - grapefruit juice
 - orange juice
 - pineapple juice: Dole
3. At least two of the following types of 100% pure juice in 46-ounce cans:
 - apple juice - Lucky Leaf
 - grape juice - Welch's
 - grapefruit
 - orange
 - pineapple - Dole
4. A total of at least three different flavors of juice, in any combination of the above types (example: orange, apple and grape juice)

B. CHEESE

At least three (3) of the following types of cheese in packages that add up to 16 ounces (one pound), domestic only:

American
Brick
Cheddar
Colby
Monterey Jack
Mozzarella - whole milk or part skim
Muenster
Provolone
Swiss

MANDATORY MINIMUM FOR FOOD VENDORS (cont.)

B. CHEESE (con't)

Only pure cheese may be purchased with WIC food vouchers. "Cheese food," "cheese food product," and "cheese spread" are not allowed. Deli cheese of the above types only is permitted.

C. CEREAL

At least five (5) of the following types and/or sizes of cereal:

| | |
|--------------------|--|
| (General Mills) | Cheerios - 7oz., 10 oz., 15 oz., 20 oz. |
| (General Mills) | Total Corn Flakes - 10 oz. |
| (General Mills) | Kix - 9 oz. |
| (General Mills) | Total - 8 oz., 12 oz., 18 oz. |
| (General Mills) | Total Oatmeal - Regular Instant 10-1 oz. individual packets/box |
| | - Regular Quick - 15 oz canister |
| (Kellogg's) | Bran Flakes - 16 oz., 20 oz. |
| (Kellogg's) | Product 19 - 9.5 oz., 12 oz., 15.4 oz. |
| (Kellogg's) | Just Right Nuggets and Flakes - 11 oz. |
| (Nabisco) | Cream of Wheat (Unflavored) - 12 oz. Mix and Eat, 14 oz., 28 oz. |
| (Nabisco) | Team Flakes - 13 oz., 18 oz. |
| (Quaker) | Instant Oatmeal (Regular) - 12 oz. |
| (Standard Milling) | Maltex - 20 oz. |
| (Standard Milling) | Maypo (30 Second Oatmeal) - 14 oz. |
| (Standard Milling) | Maypo (Vermont Style) - 19 oz. |
| (Post) | Natural Bran Flakes - 16 oz. |
| (Post) | Grape Nuts Flakes - 12 oz. |

D. MILK

1. Whole milk in quarts and half-gallon containers AND
2. Liquid lowfat milk or liquid nonfat (skim) milk AND
3. 12 ounce cans of evaporated milk or one (1) pound boxes of dry milk.

E. EGGS

Grade A, large.

Eggs must be available in one dozen and in one-half dozen containers.

MANDATORY MINIMUM FOR FOOD VENDORS (cont.)

F. IRON-FORTIFIED INFANT FORMULA

1. Milk-based, 13 ounce concentrate, any brand, and
2. Soy-based, 13 ounce concentrate, any brand.

G. IRON-FORTIFIED INFANT CEREAL

Plain cereal, any type in eight (8) ounce packages, any brand. No added fruit.

H. INFANT JUICE

Any flavor, 4.2 ounce jars, any brand.

I. PEANUT BUTTER

18 ounce (one pound, two ounce) jars of plain peanut butter, smooth or chunky, any brand.

Peanut butter mixed with jelly, marshmallow, or other flavorings is not allowed.

J. DRIED PEAS OR BEANS

At least two (2) of the following types of dried peas and beans packaged in one (1) pound packages:

| | | |
|-------------------------------|----------------------|-------------------|
| aduki beans | fava beans | pigeon peas |
| black beans | great northern beans | pink beans |
| black-eyed peas | kidney beans | pinto beans |
| chick peas/ garbanzo beans | lentils | soy beans |
| cow peas | large lima beans | green split peas |
| cranberry beans | mung beans | yellow split peas |
| crowder beans | navy beans | small white beans |
| | whole dried peas | yellow-eye peas |

WHAT IS THE "MANDATORY MINIMUM" FOR PHARMACIES?

In order to be considered for a WIC vendor agreement, a pharmacy must stock all three (3) of the following categories of infant formulas: iron-fortified formula, low-iron formula, and special prescription formulas. The formulas must be fresh, and there must be an adequate supply so that WIC participants are able to purchase them whenever the pharmacy is open for business. Furthermore, the pharmacy must be willing and able to provide any of following special prescription infant formulas within 48 hours:

| | | |
|------------------|-------------|---------------|
| Ensure | Phenyl-Free | Product 3232A |
| Ensure Osmolite | PKU-1 | RCF |
| Isocal | PKU-2 | Sustacal |
| Lofenalac | Portagen | Sustagen |
| MSUD Diet Powder | | |

If a pharmacy wishes to provide WIC foods in addition to formulas, they must complete the food vendor application in addition to the pharmacy application.

A pharmacy Mandatory Minimum Checklist is included for your convenience as Attachment C. WIC strongly recommends that you use this checklist to make sure your application is complete.

THE "MANDATORY MINIMUM" OF THE WIC FOODS FOR PHARMACIES IS:

A. IRON-FORTIFIED INFANT FORMULA

All of the following:

1. Milk-based, 13 ounce concentrate - any brand
2. Soy-based, 13 ounce concentrate - any brand
3. Milk- or soy-based, one (1) pound can powdered - any brand, or soy-based, 14 ounce can powdered
4. Milk-based, 32 ounce ready-to-feed - any brand
5. Soy-based, 32 ounce ready-to-feed - any brand

B. LOW-IRON INFANT FORMULA

All of the following:

1. Milk-based, 13 ounce concentrate - any brand
2. Milk-based, 32 ounce ready-to-feed - any brand
3. Milk-based, one (1) pound can powdered - any brand

C. SPECIAL PRESCRIPTION INFANT FORMULA

One of the following:

1. Nutramigen, one (1) pound can powdered
2. Pregestimil, one (1) pound can powdered

NOTICE TO HOME DELIVERY APPLICANTS

Since Federal regulations require much more extensive monitoring of home delivery services than stores, and thus more WIC resources are required for such monitoring, the WIC Program will give preference to stores, unless there is a specific need for home delivery in a given area.

Each local WIC Program determines the need, if any, for home delivery services, based on whether participants face hardship in access to stores in a given rural area, and whether the program has resources available for monitoring. No home delivery services will be authorized for non-rural areas. Home delivery applications are then evaluated according to standard WIC criteria, including price.

HOW TO FILL OUT THE WIC VENDOR APPLICATION

1. Select the appropriate application(s) and food price list included in this packet. Food vendors use the WIC Food Vendor Application (Attachment B). Pharmacies use the WIC Pharmacy Application (Attachment D).
2. PLEASE TYPE OR PRINT ALL ITEMS CLEARLY.
3. The WIC Program will not consider incomplete applications. Fill out all parts of the application and do not leave any questions blank.
4. You must list the names of all owners of the business (item 5 on the application). If the business is a corporation, give the corporate name in item 5 and list the names of the president, vice president, and treasurer in item 6. If there is more than one vice president, list the vice president who is chiefly responsible for the operation of the store.
5. It is important that the estimate of annual gross sales be as accurate as possible. Refer to the most recent state or federal income tax return for an accurate figure of gross annual sales. For vendors that have not been in business for one full year, estimate the annual gross sales using available figures. For your application to be considered, you must provide this information.
6. Complete the information at the top of the price list.
7. Fill out the price list carefully and completely. Do not estimate or project prices. The prices must reflect the HIGHEST ACTUAL SHELF PRICES on July 1, 1988, except where the lowest price is specifically requested. When the list does not specify the brand name of the WIC food item, select the brand with the HIGHEST price (unless lowest price is requested). We ask you for your ACTUAL SHELF PRICES for monitoring purposes, to evaluate prices charged by vendors, and to assess monetary claims against vendors who overcharge the WIC Program. Fill in the price of the item, and indicate in the space provided the brand name of the item used.
8. Each chain outlet must prepare its own price list, although the corporate office may sign the application. CHAIN STORE APPLICATIONS MAY NOT INCLUDE COPIES OF A PRICE LIST PREPARED BY THE CORPORATE OFFICE; THEY MUST INCLUDE EACH OUTLET'S ACTUAL PRICES.
9. IF A SPACE IS LEFT BLANK ON THE PRICE LIST, THE WIC PROGRAM WILL ASSUME THAT THE VENDOR DOES NOT CARRY THAT PARTICULAR FOOD ITEM. Use the "Mandatory Minimum Checklist" (Attachment A or C) to see if your price list is complete. Your application will be denied if you do not give prices for the Mandatory Minimum of foods.
10. Sign and date both the first page of the application(s) and the price list. THE APPLICATION AND PRICE LIST ARE INVALID IF THEY ARE NOT SIGNED.
11. The deadline for the local WIC program to receive the completed application is 4:00 P.M. on Friday, July 15, 1988.

ATTACHMENT A

"MANDATORY MINIMUM" CHECKLIST FOR FOOD VENDORS

Notice to food vendors: your application will be rejected if you do not carry all of these items as they are listed below. This checklist is for your use only. Do not attach it to the application. See "Mandatory Minimum" section above for details.

- ☐ 1. Two types of juice in bottles or cartons (apple, grapefruit, orange, or grape)
- ☐ 2. Juice in quart bottles or cartons
- ☐ 3. Two types of frozen juice (apple, grapefruit, orange or pineapple)
- ☐ 4. Two types of juice in 46-ounce cans (apple, grape, grapefruit, orange, or pineapple)
- ☐ 5. Three flavors of juice
- ☐ 6. Three types of WIC cheese
- ☐ 7. Cheese package sizes combine to add up to one (1) pound
- ☐ 8. Five types and/or sizes of WIC cereal
- ☐ 9. Whole milk in quart containers
- ☐ 10. Whole milk in half gallon containers
- ☐ 11. Liquid lowfat or liquid nonfat milk
- ☐ 12. 12 ounce cans evaporated milk or 1 pound boxes dry milk
- ☐ 13. Grade A large eggs
- ☐ 14. Dozen and 1/2 dozen egg containers
- ☐ 15. Infant formula with iron, 13 ounce concentrate - milk-based
- ☐ 16. Infant formula with iron, 13 ounce concentrate - soy-based
- ☐ 17. 8 ounce packages plain iron-fortified infant cereal
- ☐ 18. 4.2 ounce jars infant juice
- ☐ 19. 18 ounce jars of peanut butter
- ☐ 20. Two types of dried peas or beans in one (1) pound packages

MASSACHUSETTS WIC PROGRAM

ATTACHMENT B

SPECIAL SUPPLEMENTAL FOOD PROGRAM
FOR WOMEN, INFANTS AND CHILDREN

FISCAL YEAR 1989-1991
FOOD VENDOR APPLICATION



PLEASE TYPE OR PRINT CLEARLY IN BLACK INK
AND COMPLETE ALL ITEMS

| WIC OFFICE USE ONLY | |
|---|--|
| 1. STORE/DAIRY NAME _____ | Date received _____ Complete? _____ |
| 2. STREET _____ | Application accepted _____ |
| CITY _____ STATE _____ ZIP _____ | Application denied _____ Check reason(s) _____ |
| 3. MAILING ADDRESS (if different from above) _____ | 1. _____ late |
| 4. TELEPHONE _____ extension (if any) _____ | 2. _____ incomplete |
| 5. OWNER(S) OR CORPORATE NAME _____ | 3. _____ inaccurate application |
| 6. NAMES OF OFFICERS (if corporation) | 4. _____ no mandatory minimum |
| President _____ | 5. _____ high prices |
| Vice President _____ | 6. _____ not accessible to participants |
| Treasurer _____ | 7. _____ WIC non-compliance history |
| 7. MANAGER (if different from owner) _____ | 8. _____ Food Stamp non-compliance history |
| 8. PERSON AT STORE RESPONSIBLE FOR WIC _____ | 9. _____ low volume |
| All vendors: 9. ANNUAL GROSS SALES \$ _____ | |
| 10. HOURS OF BUSINESS: weekdays _____ Saturday _____ Sunday _____ | |
| Chain stores only: 11. ADDRESS OF CORPORATE HEADQUARTERS: | |
| Street _____ City _____ State _____ Zip _____ | |
| Contact Person _____ Telephone _____ | |
| Stores only: 12. NUMBER OF CHECKOUT AISLES _____ | |
| Home delivery only: 13. TOWNS/NEIGHBORHOODS SERVED _____ | |
| 14. HOW LONG HAVE YOU OPERATED THIS BUSINESS AT THE PRESENT SITE? _____ | |
| 15. HAS THIS BUSINESS EVER OPERATED UNDER ANOTHER NAME? _____ IF YES, WHAT WAS THE NAME OF THE BUSINESS, AND WHEN WAS IT IN OPERATION? _____ | |
| 16. DOES THIS STORE/DAIRY NOW PARTICIPATE IN THE FOOD STAMP PROGRAM? _____ | |
| 17. HAS THIS STORE/DAIRY EVER RECEIVED A WARNING, BEEN SUSPENDED, DISQUALIFIED, OR HAD A CIVIL MONEY PENALTY ASSESSED AGAINST IT BY THE WIC OR FOOD STAMP PROGRAMS? _____ IF YES, PLEASE STATE WHEN AND EXPLAIN WHY _____ | |
| 18. NAME OF BANK WHERE WIC VOUCHERS WOULD BE DEPOSITED _____ | |
| 19. ACCOUNT NUMBER AT THIS BANK _____ | |

To the best of my knowledge, all of the information given above and on attached price list is correct. The prices are the ACTUAL SHELF PRICES for July 1, 1988. I understand that should my store be accepted for a WIC vendor agreement, I will be bound by WIC Program regulations and policies including, but not limited to:

1. filling in correct prices on vouchers at time of purchase;
2. attending vendor education sessions;
3. training employees about WIC procedures;
4. submitting timely accurate quarterly price lists of WIC foods to the WIC Program;
5. being periodically monitored.

I understand that this is only a request for a WIC vendor agreement, and does not constitute an agreement.

Signed _____ Title _____
ALSO SIGN PRICE LIST Date _____

This is an Equal Opportunity Program. If you believe you have been discriminated against because of race, color, national origin, age, sex or handicap, write immediately to the Secretary of Agriculture, Washington, D.C. 20250.

This price list due at Local WIC Office July 15, 1988

| FOOD VENDOR PRICE LIST | |
|------------------------|-----------------|
| VENDOR NAME _____ | |
| ADDRESS _____ | TELEPHONE _____ |

GIVE HIGHEST ACTUAL SHELF PRICES FOR JULY 1, 1988 (UNLESS LOWEST PRICES REQUESTED). USE BLACK INK.

JUICE

| BOTTLE OR CARTON | QUART | BRAND | 1/2 GAL. | BRAND |
|------------------|---------|-------------|----------|------------------------------------|
| APPLE | _____ | _____ | | East Green- wich cartons |
| | _____ | _____ | | West Lynn Creamery - cartons |
| GRAPEFRUIT | | | | |
| ORANGE | Highest | | | |
| | Lowest | | | |
| GRAPE | 40 OZ. | Stop & Shop | | |

| FROZEN | 6 OZ. | BRAND | 12 OZ. | BRAND |
|------------|-------|----------------------|--------|----------------------|
| APPLE | | Star Mkt. | | Star Mkt. |
| | | DeMoutas | | DeMoutas |
| | | Purity | | Purity |
| | | Supreme | | Supreme |
| | | Seneca - red cans | | Seneca - red cans |
| GRAPEFRUIT | | | | |
| ORANGE | | | | |
| PINEAPPLE | | Dole | | Dole |

| CAN | 46 OZ. | BRAND |
|------------|--------|------------|
| APPLE | | Lucky Leaf |
| GRAPE | | Welch's |
| GRAPEFRUIT | | |
| ORANGE | | |
| PINEAPPLE | | Dole |

CHEESE

| | 6 OZ. | 8 OZ. | 10 OZ. | 16 OZ. | WIC USE |
|--------------------------|------------|-------|--------|--------|---------|
| AMERICAN | | | | | |
| BRICK | | | | | |
| CHEDDAR | | | | | |
| COLBY | | | | | |
| MONTEREY JACK | | | | | |
| MOZZARELLA | Whole Milk | | | | |
| MOZZARELLA | Part Skim | | | | |
| MUNSTER | | | | | |
| PROVOLONE | | | | | |
| SWISS | | | | | |
| WIC USE: TOTALS | | | | | |
| WIC USE: AVERAGE PER OZ. | | | | | |

CEREAL

| | OUNCES |
|--|--------------|
| Kellogg's BRAN FLAKES | 16 |
| | 20 |
| Post Natural BRAN FLAKES | 16 |
| CHEERIOS | 7 |
| | 10 |
| | 15 |
| | 20 |
| | 12 Mix & Eat |
| CREAM OF WHEAT - Unflavored | 14 |
| | 28 |
| GRAPE NUTS FLAKES | 12 |
| Quaker INSTANT OATMEAL - Regular | 12 |
| JUST RIGHT - Nuggets & Flakes | 11 |
| KIX | 9 |
| MALTEX | 20 |
| MATPO - 30 Sec. Oatmeal | 14 |
| MATPO - Vermont Style | 19 |
| PRODUCT 19 | 8.5 |
| | 12 |
| | 15.4 |
| TEAM FLAKES | 13 |
| | 18 |
| TOTAL | 8 |
| | 12 |
| | 18 |
| TOTAL CORN FLAKES | 10 |
| TOTAL OATMEAL - Regular Instant | 10 |
| TOTAL OATMEAL - Regular Quick | 15 |
| WIC USE: TOTALS | |
| WIC USE: AVERAGE PER OZ. | |

FOOD VENDOR PRICE LIST, CONTINUED. MASSACHUSETTS WIC PROGRAM

GIVE HIGHEST ACTUAL SHELF PRICES FOR JULY 1, 1988 (UNLESS LOWEST PRICES REQUESTED). USE BLACK INK.

SIGN BELOW

| FLUID MILK | | QUART | BRAND | 1/2 GAL. | BRAND | GALLON | BRAND |
|---------------|---------|-------|-------|----------|-------|--------|-------|
| WHOLE | Highest | | | | | | |
| | Lowest | | | | | | |
| LOWFAT | | | | | | | |
| NONFAT (SKIM) | | | | | | | |

| EGGS | | GRADE A LARGE |
|-----------|--|---------------|
| 1 DOZEN | | |
| 1/2 DOZEN | | |

| DRY MILK | | 1 LB. | BRAND |
|---------------|--|-------|-------|
| WHOLE | | | |
| LOWFAT | | | |
| NONFAT (SKIM) | | | |

| EVAPORATED MILK | | 12 OZ. | BRAND |
|-----------------|--|--------|-------|
| WHOLE | | | |
| SKIM | | | |

INFANT FORMULA

| MILK BASED | 15 OZ. CONCENTRATE | 32 OZ. READY-TO-FEED | 1 LB. POWDER |
|-------------------|-----------------------|-------------------------|-----------------|
| ENFAMIL with Iron | | | |
| SIMILAC with Iron | | | |
| SMA with Iron | | | |
| ENFAMIL lo-Iron | | | |
| SIMILAC lo-Iron | | | |
| SMA lo-Iron | | | |

| SOY BASED | 15 OZ. CONCENTRATE | 32 OZ. READY-TO-FEED | POWDER |
|-----------|-----------------------|-------------------------|--------|
| ISOMIL | | | 14 OZ. |
| ISOMIL SF | | | |
| NURSOY | | | 16 OZ. |
| PROSOBEE | | | 14 OZ. |
| I-SOYALAC | | | |
| SOYALAC | | | 14 OZ. |

| INFANT CEREAL | 1 OZ. | BRAND | 8 OZ. IRON-FORTIFIED | BRAND | 16 OZ. IRON-FORTIFIED | BRAND |
|---------------|---------|-------|-------------------------|-------|--------------------------|-------|
| | HIGHEST | | | | | |
| | LOWEST | | | | | |

| INFANT JUICE | | 4.2 OZ. JAR | BRAND |
|--------------|--|----------------|-------|
| HIGHEST | | | |
| LOWEST | | | |

| PEANUT BUTTER | | 18 OZ. | BRAND |
|---------------|--|--------|-------|
| HIGHEST | | | |
| LOWEST | | | |

| DRIED PEAS OR BEANS | | 1 LB. PKG. | TYPE PEA/BEAN |
|---------------------|--|------------|---------------|
| | | | |
| | | | |

I CERTIFY THAT THE PRICES ON BOTH PAGES OF THIS PRICE LIST ARE THE ACTUAL SHELF PRICES FOR JULY 1, 1988.
ALL PRICES ARE HIGHEST PRICES EXCEPT WHERE LOWEST PRICES ARE SPECIFIED.

SIGNATURE _____

DATE _____

This is an Equal Opportunity Program. If you believe you have been discriminated against because of race, color, national origin, age, sex or handicap, write immediately to the Secretary of Agriculture, Washington, D.C. 20250.

ATTACHMENT C

"MANDATORY MINIMUM" CHECKLIST FOR PHARMACIES

Notice to pharmacies: your application will be rejected if you do not carry all of these items as they are listed below. This checklist is for your use only. Do not attach it to the application. See "Mandatory Minimum" section above for details.

- ☐ 1. Milk-based iron-fortified infant formula, 13 ounce concentrate
- ☐ 2. Milk-based low-iron infant formula, 13 ounce concentrate
- ☐ 3. Milk-based iron-fortified infant formula, 32 ounce ready-to-feed
- ☐ 4. Milk-based low-iron infant formula, 32 ounce ready-to-feed
- ☐ 5. Milk-based low-iron infant formula, 1 pound can powdered
- ☐ 6. Soy-based iron-fortified infant formula, 13 ounce concentrate
- ☐ 7. Soy-based iron-fortified infant formula, 32 ounce ready-to-feed
- ☐ 8. Iron-fortified infant formula, 1 pound can powdered (milk or soy) or 14 ounce can powdered (soy)
- ☐ 9. Nutramigen or Pregestimil, 1 pound cans powdered

MASSACHUSETTS WIC PROGRAM
SPECIAL SUPPLEMENTAL FOOD PROGRAM
FOR WOMEN, INFANTS AND CHILDREN

ATTACHMENT D

FISCAL YEAR 1989-1991
PHARMACY APPLICATION



PLEASE TYPE OR PRINT CLEARLY IN BLACK INK
AND COMPLETE ALL ITEMS

| | |
|--|--|
| <p>1. PHARMACY NAME _____</p> <p>2. STREET _____</p> <p>CITY _____ STATE _____ ZIP _____</p> <p>3. MAILING ADDRESS (if different from above) _____</p> <p>4. TELEPHONE _____ extension (if any) _____</p> <p>5. OWNER(S) OR CORPORATE NAME _____</p> <p>6. NAMES OF OFFICERS (if corporation)</p> <p>President _____</p> <p>Vice President _____ Treasurer _____</p> <p>7. MANAGER (if different from owner) _____</p> <p>8. PERSON AT STORE RESPONSIBLE FOR WIC _____</p> <p>9. ANNUAL GROSS SALES \$ _____</p> <p>10. HOURS OF BUSINESS weekdays _____ Saturday _____ Sunday _____</p> <p>11. CHAIN STORES ONLY: Address of Corporate Headquarters</p> <p>Street _____ City _____ State _____ Zip _____</p> <p>Contact Person _____ Telephone _____</p> <p>12. HOW LONG HAVE YOU OPERATED THIS BUSINESS AT THE PRESENT SITE? _____</p> <p>13. HAS THIS BUSINESS EVER OPERATED UNDER ANOTHER NAME? _____ IF YES, WHAT WAS THE NAME OF THE BUSINESS, AND WHEN WAS IT IN OPERATION? _____</p> <p>14. DOES THIS PHARMACY NOW PARTICIPATE IN THE FOOD STAMP PROGRAM? _____</p> <p>15. HAS THIS PHARMACY EVER RECEIVED A WARNING, BEEN SUSPENDED, DISQUALIFIED, OR HAD A CIVIL MONEY PENALTY ASSESSED AGAINST IT BY THE WIC OR FOOD STAMP PROGRAMS? _____ IF YES, PLEASE STATE WHEN AND EXPLAIN WHY _____</p> <p>16. NAME OF BANK WHERE WIC VOUCHERS WOULD BE DEPOSITED _____</p> <p>17. ACCOUNT NUMBER AT THIS BANK _____</p> | <p style="text-align: center;">WIC OFFICE USE ONLY</p> <p>Date received _____ Complete? _____</p> <p>Application accepted _____</p> <p>Application denied _____ Check reason(s)</p> <ul style="list-style-type: none">1. _____ late2. _____ incomplete3. _____ inaccurate application4. _____ no mandatory minimum5. _____ high prices6. _____ not accessible to participants7. _____ WIC non-compliance history8. _____ Food Stamp non-compliance history |
|--|--|

To the best of my knowledge, all of the information given above and on attached price list is correct. The prices are the HIGHEST ACTUAL SHELF PRICES for July 1, 1988. I understand that should my pharmacy be accepted for a WIC vendor agreement, I will be bound by WIC Program regulations and policies including, but not limited to:

1. filling in correct prices on vouchers at time of purchase;
2. attending vendor education sessions;
3. training employees about WIC procedures;
4. submitting timely accurate quarterly price lists of WIC foods to the WIC Program;
5. being periodically monitored.

I understand that this is only a request for a WIC vendor agreement, and does not constitute an agreement.

Signed _____ Title _____

ALSO SIGN PRICE LIST Date _____

This is an Equal Opportunity Program. If you believe you have been discriminated against because of race, color, national origin, age, sex or handicap, write immediately to the Secretary of Agriculture, Washington, D.C. 20250.

This price list due at Local WIC Office July 15, 1988

| | | |
|---------------------|-----------------|--|
| PHARMACY PRICE LIST | | |
| PHARMACY NAME _____ | | |
| ADDRESS _____ | TELEPHONE _____ | |

GIVE HIGHEST ACTUAL SHELF PRICES FOR JULY 1, 1988. USE BLACK INK. SIGN BELOW.

REGULAR INFANT FORMULA

| MILK BASED | 15 oz. CONCENTRATE | 32 oz. READY-TO-FEED | 1 lb. POWDER |
|----------------------|-----------------------|-------------------------|-----------------|
| ENFAMIL with Iron | | | |
| SIMILAC with Iron | | | |
| SMA with Iron | | | |
| ENFAMIL 10-Iron | | | |
| SIMILAC 10-Iron | | | |
| SMA 10-Iron | | | |

| SOY BASED | 15 oz. CONCENTRATE | 32 oz. READY-TO-FEED | POWDER |
|-----------|-----------------------|-------------------------|--------|
| ISOMIL | | | 14 oz. |
| ISOMIL SF | | | _____ |
| NURSOY | | | 16 oz. |
| PROSOBEE | | | 14 oz. |
| 1-SOYALAC | | | _____ |
| SOYALAC | | | 14 oz. |

SPECIAL PRESCRIPTION INFANT FORMULAS

| | 32 OZ READY-TO-FEED | 5.8 LB POWDER | 4/1.9 OZ POWDER |
|---------------------|---------------------|---------------|-----------------|
| SUSTACAL | | | |
| | 1 LB POWDER | 2.5 LB POWDER | 5 LB POWDER |
| SUSTAGEN | | | |
| | 32 OZ READY-TO-FEED | 14 OZ POWDER | |
| ENSURE | | | |
| | 32 OZ READY-TO-FEED | | |
| ENSURE OSMOLITE | | | |
| | 32 OZ READY-TO-FEED | | |
| ISOCAL | | | |
| | 2.5 LB POWDER | | |
| LOFENALAC | | | |
| | 2.5 LB POWDER | | |
| MSUD DIET POWDER | | | |
| | 1 LB POWDER | | |
| NUTRAMIGEN | | | |

| | 2.5 LB POWDER |
|---------------|-------------------|
| PHENYL-FREE | |
| | 500 GR. POWDER |
| PKU-1 | |
| | 500 GR. POWDER |
| PKU-2 | |
| | 1 LB POWDER |
| PORTAGEN | |
| | 1 LB POWDER |
| PREGESTIMIL | |
| | 1 LB POWDER |
| PRODUCT 3232A | |
| | 15 OZ CONCENTRATE |
| RCF | |

I CERTIFY THAT THE PRICES ON THIS LIST ARE THE HIGHEST ACTUAL SHELF PRICES FOR JULY 1, 1988.

SIGNATURE _____

DATE _____

This is an Equal Opportunity Program. If you believe you have been discriminated against because of race, color, national origin, age, sex or handicap, write immediately to the Secretary of Agriculture, Washington, D.C. 20250.

RECEIVING VENDOR APPLICATIONS

DO NOT ACCEPT VENDOR APPLICATIONS AFTER THE STATED DEADLINE.

WHEN YOU RECEIVE A COMPLETED APPLICATION

1. Date and initial each application as you receive it.
2. Give written receipts to vendors who request them.
3. Send a copy of the application to the state WIC office within one week of the application deadline.

LATE APPLICATIONS

Do not accept late applications. Return them to the vendor with a "LATE APPLICATION LETTER" and keep a copy of the letter for your files.

VENDOR SELECTION

SELECT VENDORS THAT:

1. SUBMIT TIMELY, COMPLETE AND ACCURATE APPLICATIONS
2. MEET THE MANDATORY MINIMUM OF WIC FOODS
3. HAVE THE LOWEST COMPOSITE PRICES
4. ARE ACCESSIBLE TO WIC PARTICIPANTS
5. COMPLY WITH WIC PROGRAM AND FOOD STAMP REGULATIONS
6. ACCEPT AT LEAST 20 VOUCHERS PER MONTH (FOR FOOD STORES;
MAY BE WAIVED IF PARTICIPANTS NEED ACCESS TO THE STORE)
7. MEET THE NEEDS OF YOUR VENDOR SELECTION PLAN

Follow these steps when selecting vendors:

1. Review the applications submitted by the deadline for completeness, accuracy and for compliance with other selection criteria.

See the PRELIMINARY REVIEW OF VENDOR APPLICATIONS section of this Procedure Manual.

2. Review the applications for the Mandatory Minimum of WIC foods.

See THE MANDATORY MINIMUM section of this Procedure Manual.

3. Complete a vendor review of each new applicant before selecting her/him.

See the PRE-SELECTION VENDOR REVIEWS section of this Procedure Manual.

4. Compute a composite price for each applicant. Rank all food vendors and all pharmacies within the areas specified on your Vendor Selection Plan.

See the DETERMINING COMPOSITE PRICES FOR VENDORS section of this Procedure Manual.

5. Choose vendors sequentially, starting with the lowest priced vendor. Select the number of vendors stated in your Vendor Selection Plan, choosing the lowest priced vendor(s) for each part of your selection plan (food vendors, pharmacies, etc.).

PRELIMINARY REVIEW OF VENDOR APPLICATIONS

DURING THE PRELIMINARY REVIEW:

1. CHECK TO MAKE SURE THE APPLICATION IS COMPLETE, ACCURATE, SIGNED AND DATED.
 - GIVE VENDORS FIVE DAYS TO COMPLETE APPLICATIONS WHICH ARE INCOMPLETE OR WHICH LACK THE MANDATORY MINIMUM.
 - REJECT ANY APPLICATION RESUBMITTED LATER THAN THE DEADLINE FOR RESUBMITTAL.
2. CHECK WHETHER THE VENDOR HAS BEEN DISQUALIFIED FROM FOOD STAMPS AS OF THE FIRST DAY OF THE UPCOMING FISCAL YEAR. IF SO, DO NOT CONSIDER HER/HIM FOR WIC AUTHORIZATION.
3. CHECK WHETHER THE VENDOR HAS AN OUTSTANDING MONETARY CLAIM LEVELED AGAINST HER/HIM BY THE STATE WIC OFFICE. IF SO, DO NOT AUTHORIZE HER/HIM.
4. CHECK TO SEE IF ANY FOOD STORE IS A LOW-VOLUME WIC VENDOR. IF SO, YOU MAY DENY THE APPLICATION.

THE PRELIMINARY REVIEW

The purpose of the preliminary review is to make sure you have all the information you need to accurately assess the applicant, and to ascertain whether the vendor may be eliminated from further consideration due to low volume, Food Stamp disqualification, or an outstanding monetary claim made by the state WIC office.

1. Review all applications for completeness as soon as you receive them. If any part of an application is not filled out, or if the vendor does not meet the Mandatory Minimum, make a copy of the incomplete application and return the original to the vendor. Do not fill in any blanks on the application yourself.

Tell the vendor s/he has until 4:00 pm on the 5th working day after receiving the application back to return the completed application to you, or it will be rejected.

IMPORTANT: Applicants must stock the Mandatory Minimum as of the date of application. Do not count as part of the Mandatory Minimum any foods which a store plans to carry if accepted by WIC.

2. Check with the state WIC office to make sure the vendor has not been disqualified from Food Stamps for a period extending past September 30. If s/he has, DO NOT consider him/her for WIC authorization.
3. If the state WIC office has notified you that the vendor has an outstanding monetary claim made against her/him, do not authorize the vendor.
4. If any food vendor applicant has redeemed fewer than 20 WIC vouchers in a given month, you may deny the vendor's application, taking into consideration participant need, if any, for access to this vendor.
5. Check the vendor's hours of operation. If they may cause problems for participants, contact the state WIC office for guidance.

If you have any other questions about the vendor's application (e.g., some information appears to be inaccurate), contact the state WIC office for guidance.

THE MANDATORY MINIMUM

TO RECEIVE WIC AUTHORIZATION, A VENDOR MUST CARRY EACH ITEM OF THE MANDATORY MINIMUM OF WIC FOODS.

The Mandatory Minimum guarantees that participants can purchase an entire voucher's worth of food from the vendor at any time, and that s/he will have choices when purchasing that food. The foods must also be fresh and in adequate supply.

There are Mandatory Minimum criteria for food vendors and for pharmacies. For copies, see the WIC Vendor Application Packet in the VENDOR APPLICATIONS section of this Procedure Manual.

REVIEWING VENDOR APPLICATIONS FOR THE MANDATORY MINIMUM

1. Complete a FOOD VENDOR MANDATORY MINIMUM CHECKLIST for each food vendor. Copies of this form are sent directly to you by the state WIC office at the beginning of the vendor contracting period.
2. Complete a PHARMACY MANDATORY MINIMUM CHECKLIST for each pharmacy. Copies of this form are sent directly to you by the state WIC office at the beginning of the vendor contracting period.
3. If the food vendor or pharmacy does not meet all of the requirements of the Mandatory Minimum, the application is incomplete.

SEE PRELIMINARY REVIEW OF VENDOR APPLICATIONS.

DETERMINING COMPOSITE PRICES

IN ORDER TO RECEIVE WIC AUTHORIZATION, VENDORS MUST HAVE COMPETITIVE PRICES.

DETERMINE A COMPOSITE PRICE FOR EACH QUALIFIED FOOD VENDOR AND PHARMACY APPLICATION, USING THE SHELF PRICES SUBMITTED ON THE APPLICATION.

IN ORDER FOR PRICE COMPARISONS TO BE ACCURATE, MAKE SURE ALL SHELF PRICES ARE FROM JULY 1.

RANK FOOD VENDORS AND PHARMACIES SEPARATELY, ACCORDING TO THEIR COMPOSITE PRICES. YOU MAY RANK VENDORS BY AREA WITHIN YOUR CATCHMENT AREA.

The composite price formula multiplies the prices of the most commonly purchased WIC foods by a weighting factor based on the volume of WIC sales for that food. Therefore, the composite price tells you each vendor's relative cost to WIC.

FOOD VENDORS

Use the "FOOD VENDOR COMPOSITE PRICE CALCULATION" worksheet to determine a composite price for each vendor that meets the preliminary qualifications outlined in the previous two sections. This form is sent to you by the state WIC office at the beginning of each contracting period.

Fill in the "FOOD VENDOR COMPOSITE PRICE CALCULATION" sheet with the information on the Food Vendor Price List submitted with the vendor's application.

1. VENDOR NAME AND LOCATION
2. LOCAL WIC PROGRAM
3. UNIT PRICE Fill in the price of the item in the quantity specified in the UNIT column:

| | |
|--------------|--|
| <u>Juice</u> | Add together the highest and lowest prices for 1 quart of orange juice in bottles or cartons, and divide by 2. |
|--------------|--|

| | |
|---------------|--|
| <u>Cheese</u> | Multiply the package size at the top of each column (6 oz, etc.) by the number of prices filled in in that column. Fill in the total at the bottom of each column. Add the totals across to find the total number of ounces. |
|---------------|--|

Add up all prices for each type of cheese and put the total in the right-hand column. Add up the totals in the right hand column and put the grand total at the bottom.

To get the average price per ounce, divide the total cheese price by the total number of ounces.

Cereal Add up the number of ounces for all cereals with prices listed, and put the total at the bottom of the column.

Add all the prices listed in the next column and put the total at the bottom of the column.

To get the average price per ounce, divide the total price by the total ounces.

Milk Add together the highest and lowest prices for 1 quart of whole milk and divide the total by 2.

Eggs Write the price for 1 dozen Grade A large eggs.

Infant Formula Add together the highest and lowest prices for a 13 ounce can of concentrated milk-based formula with iron, and divide by 2.

Infant Cereal Add together the highest and lowest prices for an 8 ounce package of infant cereal, and divide by 2.

Infant Juice Add together the highest and lowest prices for a 4.2 ounce jar of infant juice, and divide by 2.

Peanut Butter Add together the highest and lowest prices for an 18 ounce jar and divide by 2.

NOTE: If the vendor lists only one price because s/he only carries one brand, use that price for the average.

4. MULTIPLIER Multiply the unit price by this number.
5. TOTAL Write the result of the last step here, in dollars and whole cents. Round up any numbers of $\frac{1}{2}\text{¢}$ or higher to the next cent, and round down any numbers less than $\frac{1}{2}\text{¢}$.
6. GRAND TOTAL Add all totals.

7. RANK: of After you've completed a "FOOD VENDOR COMPOSITE PRICE CALCULATION" for each vendor, sort them by GRAND TOTAL, highest first, for each area specified in your Vendor Selection Plan. Then fill in the first blank with "1" (for the highest-priced vendor), "2" (for the second highest), etc.

Fill in the second blank with the total number of vendors ranked (the same number on all sheets for each area).

7. Staff Signature/Title/Date

PHARMACIES

Use the "PHARMACY COMPOSITE PRICE CALCULATION" worksheet to determine a composite price for each pharmacy that meets the preliminary qualifications outlined in the previous two sections. This form is sent to you by the state WIC office.

Fill in the "PHARMACY COMPOSITE PRICE CALCULATION" sheet with the information on the Pharmacy Price List submitted with the vendor application.

1. VENDOR NAME AND LOCATION
2. LOCAL WIC PROGRAM
3. UNIT PRICE Fill in the average of the highest and lowest prices given for each type of formula:

| | |
|--|------------------------|
| <u>Milk-based infant formula with iron</u> | 13 ounce concentrate |
| <u>Milk-based infant formula, low iron</u> | 13 ounce concentrate |
| <u>Milk-based infant formula with iron</u> | 32 ounce ready-to-feed |
| <u>Soy-based infant formula</u> | 13 ounce concentrate |

NOTE: If the vendor lists only one price because s/he only carries one brand, use that price for the average.

4. MULTIPLIER Multiply the unit price by this number.
5. TOTAL Write the result of the last step here, in dollars and whole cents. Round up any numbers of $\frac{1}{2}\text{¢}$ or higher to the next cent, and round down any numbers less than $\frac{1}{2}\text{¢}$.
6. GRAND TOTAL Add all totals.
7. RANK: of After you've completed a "FOOD VENDOR COMPOSITE PRICE CALCULATION" for each vendor, sort them by GRAND TOTAL, highest first, for each area in your Vendor Selection Plan. Then fill in the first blank with "1" (for the highest-priced vendor), "2" (for the second highest), etc.

Fill in the second blank with the total number of vendors ranked (the same number on all sheets).

8. STAFF SIGNATURE / TITLE / DATE

FOOD CO-OPS

Since food co-ops normally have different prices for members and non-members, have them submit separate price lists for members and non-members and use the average of these prices to determine the composite price.

This formula is based on the assumption that half of the co-op's WIC customers are members. If the co-op can show that more than 50% of their WIC customers are working members (and therefore, WIC prices will be lower), have them submit documentation to you and weight the two price lists accordingly.

HOME DELIVERY

For purposes of composite price calculation, consider Home Delivery applicants as a separate category and rank them against each other only.

PRE-SELECTION VENDOR REVIEWS

CONDUCT AN ON-SITE REVIEW OF ALL NEW APPLICANTS BEFORE SELECTING THEM AS WIC VENDORS. GIVE THEM 5 DAYS TO CORRECT ANY PROBLEMS.

ALSO VISIT ANY STORES PREVIOUSLY AUTHORIZED WHERE YOU SUSPECT PROBLEMS SUCH AS FALSE PRICES ON THE APPLICATION.

Use the "VENDOR REVIEW FORM" included in the Originals Packet for pre-selection reviews.

- ** If you discover that the vendor has provided false information on the application, contact the state WIC office for guidance.
- ** If you find problems whose points add up to a Sanction Score of 10 or more, notify the vendor that the problems must be corrected in 5 days or the application will be denied; then visit the store to verify if the situation is corrected. If not, deny the application.
- ** If you find problems meriting a Sanction Score below 10, notify the vendor of the problems, accept the application, and continue to monitor the vendor's performance.

SPECIAL VENDOR SELECTION SITUATIONS

FOLLOW GUIDELINES FOR SPECIAL VENDOR SELECTION SITUATIONS IF:

1. YOU ARE A BOSTON PROGRAM AND PART OF A COLLECTIVE SELECTION PROCESS
2. YOU NEED HOME DELIVERY TO SERVICE RURAL PARTICIPANTS
3. YOUR AREA IS UNDER-SERVED BY VENDORS AND YOU NEED TO RE-OPEN THE APPLICATION PROCESS
4. THE OWNERSHIP OR LOCATION OF AN AUTHORIZED VENDOR CHANGES.

In all the situations listed above, the the application process is the same and you use the standard applications and letters, but the selection procedure varies. See the following sections for details.

BOSTON VENDORS

SOME BOSTON PROGRAMS WORK COLLECTIVELY ON SELECTING AND AUTHORIZING VENDORS.

If your catchment area includes certain parts of Boston, you may meet with other Boston program directors to jointly select vendors and to define the area within which this will take place.

Each program accepts applications and prepares composite prices, and then all programs meet to rank prices for vendors within the defined area and to select vendors to be authorized. They also allocate responsibilities for educating vendors, signing vendor agreements and monitoring.

HOME DELIVERY

AUTHORIZE HOME DELIVERY VENDORS ONLY IN RURAL AREAS AND ONLY IF:

- FOOD VENDORS ARE INACCESSIBLE OR DIFFICULT FOR PARTICIPANTS TO USE
- YOU HAVE THE RESOURCES TO MONITOR HOME DELIVERY SERVICES.

AUTHORIZED HOME DELIVERY VENDORS MAY NOT PROVIDE SERVICES IN URBAN AREAS.

Authorize home delivery services only in rural areas and only in areas where participants have difficulty using authorized stores.

HOME DELIVERY PROCEDURES

In home delivery, participants make arrangements with a home delivery service to deliver WIC foods throughout the month, instead of purchasing them at an authorized vendor.

DETERMINING NEED FOR HOME DELIVERY

Since federal regulations require much more extensive monitoring of home delivery services than stores, give first preference to stores wherever possible, unless there is a specific need for home delivery in a certain area.

Base your decision on whether participants will face hardship in using stores and whether you have the resources to monitor home delivery services. See the section on HOME DELIVERY MONITORING for more information.

RE-OPENING VENDOR APPLICATIONS

RE-OPEN THE VENDOR APPLICATION AND SELECTION PROCESS ONLY WITH WRITTEN PERMISSION FROM THE STATE WIC OFFICE.

If you cannot meet your vendor needs as you have stated them in your selection plan, you may re-open your area (or part of your area) for vendor applications if:

- o You have received an insufficient number of applications from qualified vendors,
- o You originally selected enough vendors to participate, but some of those vendors are no longer authorized (for example, vendors that have gone out of business or been disqualified from the WIC Program), or
- o Your caseload has changed so that your original vendors no longer effectively serve your participants.

RE-OPENING YOUR AREA FOR VENDOR APPLICATIONS

1. Write a letter to the state WIC office requesting permission to re-open applications for an underserved area. Include an estimate of the number of vendors needed to adequately serve this area, according to your vendor selection plan.
2. Establish a new deadline for accepting applications, have it approved by the state WIC office, and follow standard application and selection procedures.
3. Notify previously rejected vendors that they may apply again if they have corrected previous problems.
4. Use a variety of means to contact potential WIC vendors in your community so that you receive enough applications to meet your program's needs.

CHANGE IN VENDOR OWNERSHIP OR LOCATION

IF A CURRENTLY AUTHORIZED VENDOR CHANGES OWNERSHIP OR LOCATION DURING A WIC AUTHORIZATION PERIOD, HIS/HER AUTHORIZATION IS NO LONGER VALID

CONTACT THE STATE WIC OFFICE IF YOU WISH TO WAIVE THIS REQUIREMENT.

The WIC Vendor Agreement states that the vendor is required to give you thirty days written notice prior to a change in the ownership or location of the business.

If the vendor's new owner or owner of new location applies for WIC vendor authorization in the middle of the contract year, you may grant authorization using the procedure below. The new vendor's authorization begins on the date that you sign the agreement, and lasts until the end of the contract year.

Visit all stores with new owners or new locations before you authorize them.

APPLICATION AND SELECTION FOR A NEW OWNER

1. Retrieve the stamp from the previous owner and mail it back to the state WIC office within one week.
2. Order a stamp for the new vendor (or applicant) as early as possible to avoid delays.
3. Give the new vendor a Vendor Application Packet. At the beginning and end of the price list, change the date to the one on which you wish the price list to be completed. Revise the "ACTUAL SHELF PRICES" date at the bottom of the application.
4. Have the vendor review the application packet and fill out the application completely.
5. Visit the vendor, check prices, and complete a "VENDOR REVIEW FORM".
6. Compute a Composite Price for the new vendor and for the previous vendor's most recent quarterly price list.

7. If the new vendor's prices are comparable, you may authorize her/him for participation in the WIC Program. If in doubt, compare the applicant's price list to those of current vendors.
8. If the prices have increased significantly, you are not required to authorize the store. If this leaves the area underserved, consider re-opening the application process.

APPLICATION AND SELECTION FOR A NEW LOCATION

- ** Decide whether the new location is consistent with the requirements of your Vendor Selection Plan. Consult with the state WIC office if you are not sure.
- o If the answer is yes, follow steps 3-8 above. If the vendor is authorized, s/he may continue to use the same stamp. Submit a Type 2 input to change the address. If the vendor is not authorized, make sure you retrieve the stamp promptly and mail it back to the state WIC office within one week of denial of re-authorization.
 - o If the answer is no, retrieve the stamp from the vendor and return it to the state WIC office within one week of learning the new location. If this leaves the area underserved, consider re-opening the application process.

VENDOR ACCEPTANCE AND REJECTION

NOTIFY EACH APPLYING VENDOR OF HER/HIS ACCEPTANCE OR REJECTION BY THE END OF AUGUST.

MAKE SURE ACCEPTANCE AND REJECTION LETTERS ARE POSTMARKED BY THE DEADLINE FOR NOTIFICATION.

SEND LETTERS OF ACCEPTANCE OR REJECTION BY CERTIFIED MAIL, OR HAND-DELIVER THEM AND OBTAIN A RECEIPT.

KEEP ONE COPY OF EACH ACCEPTANCE OR REJECTION LETTER IN THE VENDOR'S FILE.

EXPLAIN TO REJECTED APPLICANTS THE REASON FOR REJECTION.

Send a "VENDOR ACCEPTANCE LETTER" or a "VENDOR REJECTION LETTER" to each vendor from whom you received an application.

If you mail acceptance and rejection letters, make sure they are postmarked by the deadline for notification of acceptance. If you hand-deliver them, make sure you deliver them on or before the deadline.

Keep a copy of all acceptance and rejection letters in the vendor's file.

See OFFICE VENDOR FILES for more information.

Send a copy of all letters to the state WIC office by September 7. (The state WIC office will not issue a vendor Authorization Stamp for any vendor for whom they have not received an acceptance letter.)

ACCEPTANCE LETTERS

If a pharmacy has applied as both a pharmacy and a food vendor and you are accepting them as a pharmacy but denying their food vendor application, make it clear in their acceptance letter that they are only authorized as a pharmacy and may only accept vouchers for foods other than infant formula.

REJECTION LETTERS

Indicate in the rejection letter all the reasons for which you rejected the vendor's application. Many vendors request Fair Hearings because they do not understand the reason for denial. Taking the time to carefully explain the reason(s) for denial helps to maintain good community relations and to avoid unnecessary Fair Hearings, especially when the reason for rejection is an issue related to price or to the Vendor Selection Plan.

THE WIC VENDOR STAMP

THE WIC VENDOR STAMP IS A RUBBER STAMP BEARING A 4-DIGIT NUMBER IDENTIFYING THE VENDOR.

ONLY CURRENTLY AUTHORIZED WIC VENDORS WITH A VALID WIC VENDOR AGREEMENT ARE ALLOWED TO HAVE A WIC VENDOR STAMP.

EACH YEAR THE STATE WIC OFFICE ISSUES A RE-DESIGNED WIC VENDOR STAMP TO GUARANTEE THAT VENDORS NOT AUTHORIZED FOR THE NEW FISCAL YEAR WILL NOT BE REIMBURSED FOR VOUCHERS SUBMITTED BEYOND THE EXPIRATION DATE OF THEIR FORMER WIC AGREEMENT.

COLLECT OLD VENDOR STAMPS FROM VENDORS NOT AUTHORIZED FOR THE NEW FISCAL YEAR BY OCTOBER 1. THEY ARE NOT ALLOWED TO ACCEPT VOUCHERS AFTER SEPTEMBER 30.

COLLECT OLD VENDOR STAMPS FROM VENDORS AUTHORIZED FOR THE NEW FISCAL YEAR AT THE VENDOR AUTHORIZATION AND EDUCATION SESSION, AND DISTRIBUTE NEW VENDOR STAMPS THEN.

ISSUE ONLY ONE STAMP PER VENDOR. ISSUE THE SAME VENDOR NUMBER TO AN AUTHORIZED VENDOR WHO RECEIVES A NEW WIC AGREEMENT.

RETURN OLD VENDOR STAMPS TO THE STATE WIC OFFICE BY OCTOBER 7 OF EACH YEAR.

The WIC Vendor Stamp is a rubber stamp bearing a 4-digit number that identifies a vendor and allows her/him to validate WIC vouchers for deposit in the bank. Vouchers are invalid unless stamped with a vendor stamp.

The vendor stamp makes it possible to determine which vendor redeemed a particular voucher. The first two digits identify the local WIC program holding the agreement with the vendor, and the last two digits identify the individual vendor.

Vendors are allowed to keep and use the vendor stamp only for the duration of their WIC Vendor Agreement. Collect the stamp when the vendor's agreement expires or when the vendor is no longer authorized to participate on the WIC Program.

COLLECTING OLD VENDOR STAMPS

Send each vendor that does not receive WIC authorization for the upcoming fiscal year a "RETURN OF STAMP LETTER".

Vendors have until the close of business on October 1 to return their old Vendor Stamps to your office. If the stamp is not returned by that time, visit the vendor to retrieve the stamp. Consult the state WIC office if you have difficulty obtaining the stamp promptly.

Return old stamps to the state WIC office by October 7 of each year.

ISSUING NEW VENDOR STAMPS

1. Assign the last two digits of the vendor number according to these codes:

| | |
|-------|---------------|
| 01-49 | Food stores |
| 50-79 | Home delivery |
| 80-99 | Pharmacies |
2. Make sure the vendor signs the "VENDOR STAMP RECEIPT".
3. Submit a yellow WIC Vendor Input Form with the vendor identification number corresponding to the actual stamp number issued.

ISSUING REPLACEMENT VENDOR STAMPS

1. If a vendor stamp becomes damaged so that the imprint is affected, request a new stamp with the same number from the state WIC office and issue it to the vendor in exchange for the old one.
2. If a stamp is lost, notify the state WIC office immediately so that vouchers bearing that stamp number can be stopped at the bank. Request a new stamp with a new number from the state WIC office and issue it to the vendor. Terminate the old record in the masterfile and submit new input with the new stamp number.

VENDOR AUTHORIZATION

TO AUTHORIZE A VENDOR FOR PARTICIPATION IN THE WIC PROGRAM:

1. CONDUCT A VENDOR AUTHORIZATION AND EDUCATION SESSION TO
 - EDUCATE THE VENDOR ABOUT THE WIC PROGRAM
 - EXPLAIN THE WIC FOODS
 - REVIEW AND SIGN THE WIC VENDOR AGREEMENT
 - RETRIEVE THE OLD VENDOR STAMP
 - ISSUE A NEW VENDOR STAMP
2. REGISTER THE VENDOR WITH THE STATE WIC OFFICE.

Vendors are not allowed to participate in the WIC Program until you formally authorize them.

Careful vendor education can be your best protection against vendor abuse. Vendors are less likely to have problems if they know the purpose and intention of the WIC Program and if they understand the procedures necessary for managing WIC. Use the vendor authorization period as an opportunity for extensive vendor education.

THE VENDOR AUTHORIZATION AND EDUCATION SESSION

Once you approve a vendor for participation in the WIC Program, schedule an authorization and education session for her/him.

Conduct this session before the first day of the authorization period. Use the Vendor Agreement to train vendors in WIC policies and procedures.

You may hold individual authorization sessions for each vendor, or see vendors in a group. You may include vendor employees such as head cashiers in your authorization and education sessions so that they receive complete and accurate instructions on WIC procedures.

When scheduling the session, remind the vendor that you will collect the old vendor stamp at that time.

Planning The Session

If possible, hold education and authorization sessions for new vendors in the WIC office or clinic so that they can see WIC's role as a health care program. You may also conduct the education session at the vendor's place of business.

Arrange for an interpreter if you cannot comfortably speak the primary language of any vendors. It is important that the vendors understand the contents of the Vendor Agreement and the mechanics of WIC.

During The Session

1. Describe the WIC Program and explain its role in your community.
2. Explain the WIC foods, including why some foods are authorized on the program and others are not. Explain the participant's options in selecting her/his food.
3. Carefully review the Vendor Agreement, sign it, and have the vendor sign it. Keep the original for your files; either sign another original for the vendor or give her/him a copy.
4. Retrieve the old vendor stamp and issue the new one, explaining its proper use. Make sure the vendor signs a "VENDOR STAMP RECEIPT".
5. Explain procedures for reimbursement of vouchers over \$30.00, vouchers with altered prices, and vouchers rejected by the bank. See the SPECIAL PRESCRIPTION FORMULAS and VENDOR REIMBURSEMENTS sections of this Procedure Manual for more information on vendor reimbursements.
6. Answer any questions or discuss any problems the vendor may have.

You may also include additional activities such as the true/false quiz, a review of an enlarged WIC voucher, the WIC slide show or filmstrip, or discussions about common problem areas.

Make sure that vendors have adequate supplies of the cashier card; if not, provide additional copies.

After The Session

Send a vendor input form to the state WIC office promptly. See the REGISTERING VENDORS section in this Procedure Manual for more information.



WIC

VENDOR AGREEMENT

INCLUDING SANCTION POLICY

FISCAL YEARS 1989 - 1991

October 1, 1988 - September 30, 1991

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
WIC DIVISION

SPECIAL SUPPLEMENTAL FOOD PROGRAM
FOR WOMEN, INFANTS AND CHILDREN

MASSACHUSETTS WIC PROGRAM
(SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN)

WIC VENDOR AGREEMENT: FISCAL YEARS 1989-91

WHEREAS, the Local WIC Agency named on page ten of this agreement has entered into an agreement with the Massachusetts Department of Public Health to participate in the Special Supplemental Food Program for Women, Infants, and Children (WIC Program) sponsored by the United States Department of Agriculture (USDA) under regulations which are published in the Federal Register, and the Local WIC Agency has charged the Local WIC Program with providing services;

WHEREAS, the Local WIC Agency and Local WIC Program named on page ten of this agreement act as authorized representatives of the Massachusetts WIC Program (State WIC Office);

WHEREAS, the Vendor named on page ten of this agreement is a retail food outlet or pharmacy qualified to provide supplemental foods authorized by the Massachusetts WIC Program ("WIC foods") to eligible persons participating in the WIC Program, and their authorized representatives (both hereinafter referred to as "WIC participants");

NOW, THEREFORE, this agreement is made by and between the Vendor and the Local WIC Program, which mutually agree to the following provisions:

THE VENDOR AGREES TO:

| | <u>SANCTION SCORE*</u> |
|--|------------------------|
| 1. <u>Accept annual training of the store manager or an authorized representative on WIC procedures;</u> | 10 |
| 2. <u>Train all staff handling WIC vouchers in correct WIC procedures;</u> | 5 |
| 3. <u>Be accountable for the actions of all employees in WIC transactions;</u> | - |
| 4. <u>Provide WIC foods to WIC participants in accordance with Federal and state requirements:</u> | |
| a. Provide the WIC foods only at the site of the Vendor; for home delivery vendors, only in areas specified by the Local WIC Program at the end of this agreement; | 3 |
| b. Never demand that WIC participants purchase the full amount of WIC foods authorized on the front of the WIC voucher; | 2 |
| c. Allow up to the full amount of WIC food specified on the voucher; | 5 |
| d. Never limit WIC participants in their choices of WIC foods (e.g., never allow only a store brand, or milk only in quarts); | 2 |
| e. Never substitute one WIC food for another (e.g., evaporated milk for infant formula); | 2 |
| f. Never substitute non-eligible food for WIC food; | 5 |
| g. Never substitute cigarettes, alcoholic beverages, or other non-food items for WIC food; | 10 |

* The Sanction Score is specified for each violation of the vendor's responsibilities, and explained in the Sanction Policy section.

- h. Never provide cash or credit for all or part of a WIC voucher; 10
- i. Insure that WIC foods are fresh and are sold to WIC participants before the expiration date for those foods; 3
- j. Insure an adequate supply of all of the Mandatory Minimum of WIC foods, as indicated in the Vendor Application Packet, or in subsequent written notice to vendors from the Massachusetts WIC Program, so that WIC participants' may use their WIC vouchers at any time that the Vendor is open for business; 4
- k. If the Vendor is a pharmacy, insure that WIC participants can receive within 48 hours any authorized infant formula not usually stocked by the pharmacy; 4
- l. If the vendor is a pharmacy which has not been authorized as a food vendor, accept vouchers for infant formula only; 4
- m. Never provide WIC participants with rainchecks or other similar receipts for unavailable WIC foods; 3
- n. If the Massachusetts WIC Program specifies a brand of infant formula on WIC vouchers, the Program will give 30 days notice to the Vendor. The vendor shall stock an adequate supply of the specified brand of formula, both milk- and soy-based with iron, 13 ounce concentrate, so that WIC participants may purchase such formula at any time; 4
- o. If the Massachusetts WIC Program specifies a brand of infant formula on WIC vouchers, the vendor agrees not to substitute another brand of infant formula; 4

5. Follow the WIC voucher acceptance procedures established by Federal and state requirements:

- | | <u>SANCTION SCORE</u> |
|---|-----------------------|
| a. Never accept a voucher from anyone other than a WIC participant; | 6 |
| b. Never accept a WIC voucher before the "not good before" date printed on the voucher; | 2 |
| c. Never accept a WIC voucher after the "not good after" date on the voucher; | 2 |
| d. Accept only WIC vouchers stamped with the "Mass. WIC" stamp; | 1 |
| e. Accept only WIC vouchers that have been presigned once by the WIC participant; | 5 |
| f. Never accept a voucher already signed <u>and</u> countersigned; | 3 |
| g. Insure that the signature and countersignature on the WIC voucher match, although the name of participant and the signature name may be different; | 2 |
| h. Never demand identification or a telephone number from a WIC participant; | 1 |
| i. Never accept a WIC voucher on which the name, date, food message or signature has been altered in any way; | 4 |
| j. Never accept a WIC voucher in payment for credit or a charge account; | 8 |

6. Follow WIC voucher pricing procedures as established by Federal and state

| | <u>SANCTION SCORE</u> |
|---|-----------------------|
| a. Write in the space provided a price no higher than the actual shelf price of only those food items authorized by the WIC voucher and purchased by the WIC participant; | 10 |
| b. Price each voucher for actual foods purchased, not by voucher type; | 10 |
| c. Write the price on the WIC voucher in ink; | 2 |
| d. Never add a service charge to the price of the voucher; | 8 |
| e. Accept store's or manufacturer's coupons for WIC foods, and deduct their value before writing the price on the voucher; | 3 |
| f. Fill in the WIC voucher price <u>only</u> in the presence of the WIC participant; | 5 |
| g. Insure that the WIC participant countersigns the WIC voucher <u>only after</u> the Vendor personnel fills in the WIC voucher price; | 4 |
| h. Never charge WIC participants for foods purchased with WIC vouchers; | 8 |
| i. Never charge WIC participants for service charges on WIC vouchers; | 5 |
| j. Never charge WIC participants for bank charges incurred on non-reimbursable or rejected WIC vouchers; | 5 |
| k. Never seek restitution from WIC participants for vouchers not paid by the Massachusetts WIC Program; | 5 |
| l. Never accept the return of food purchased with WIC vouchers for cash or credit towards other purchases; | 5 |

7. Use the WIC Vendor Stamp according to state requirements:

| | <u>SANCTION SCORE</u> |
|---|-----------------------|
| a. Use only the WIC Vendor Stamp Issued by the Local WIC Program; | 10 |
| b. Use the WIC Vendor Stamp only on those WIC vouchers used at the Vendor's place of business by WIC participants for WIC foods; | 10 |
| c. Stamp the WIC vouchers with the WIC Vendor Stamp <u>only after</u> the WIC participant has countersigned them; | 2 |
| d. Stamp each WIC voucher with the WIC Vendor Stamp in the appropriate space on the front of the voucher prior to depositing it into the Vendor's bank; | 1 |
| e. Insure that the WIC Vendor Stamp Imprint is legible; | 1 |
| f. Take appropriate measures to safeguard the WIC Vendor Stamp from misuse or use by unauthorized personnel; | 5 |
| g. Return the WIC Vendor Stamp to the Local WIC Program, or State WIC Office if requested, immediately upon termination of this agreement or disqualification from the WIC Program; | - |
| h. Return the WIC Vendor Stamp for a new stamp in September of 1989 and 1990. | - |

8. Redeem WIC vouchers according to Federal and state requirements:

| | <u>SANCTION SCORE</u> |
|---|-----------------------|
| a. Endorse all WIC vouchers submitted for payment on the back of the vouchers either by signature or with the vendor's endorsement stamp used for deposit at the Vendor's bank; | 2 |

- b. Never submit for payment at the Vendor's bank any WIC voucher that has been altered in any way; any such vouchers must be submitted directly to the State WIC Office with an explanation of the alteration; 3
 - c. Never submit for payment at the Vendor's bank any WIC voucher priced over the limit printed on the voucher; any vouchers which legitimately exceed the limit must be submitted directly to the State WIC Office; 3
 - d. Submit for payment only those WIC vouchers stamped with the WIC Vendor Stamp; 1
 - e. Submit WIC vouchers for payment only at the Vendor's bank as identified in the Vendor's application or in a written notice submitted to the State WIC Office, or at the Local WIC Program upon request; 3
 - f. Submit WIC vouchers for payment at the Vendor's bank within sixty (60) days of the "not good before" date printed on the front of the voucher, or within eighty-nine (89) days if the voucher has been previously rejected from the WIC bank; 1
 - g. Notify the State WIC Office immediately in writing of any change in the name of bank or account number where WIC vouchers are deposited; 3
9. Comply with the administrative requirements of the Massachusetts WIC Program, including but not limited to those set forth below:

| | <u>SANCTION SCORE</u> |
|---|-----------------------|
| a. Treat WIC participants with courtesy; | 2 |
| b. Never demand that WIC participants use a separate checkout line; | 2 |
| c. Keep all information on WIC participants confidential; | 3 |
| d. Never discriminate against WIC participants on the basis of race, color, national origin, creed, political beliefs, age, sex, or handicap; | 3 |
| e. Submit to the State WIC Office, or Local WIC Program on request, actual shelf prices of the authorized WIC foods: November 1 prices must be received at the State WIC Office by 11/8/88, 11/8/89 and 11/8/90; March 1 prices by 3/8/89, 3/8/90 and 3/8/91; July 1 prices by 7/17/89, 7/16/90 and 7/15/91; | 4 |
| f. Comply with all Federal, State and Local laws and regulations pertaining to the disclosure of prices for any items offered for sale; for vendors located in Massachusetts, this includes but is not limited to 940 CMR 3.13(1)(a) which states: "It is an unfair and deceptive act or practice for any person subject to this act to fail to affix to any goods offered for sale to the public the price at which the goods are to be sold"; | 7 |
| g. Report to the Local WIC Program any irregularities in the use of WIC vouchers by WIC participants; | 1 |
| h. Cooperate with Federal, State, and Local WIC Program personnel during announced and unannounced on-site Vendor reviews and audits; these may include reviews of all WIC vouchers at the site of the Vendor; | 10 |
| i. Provide the WIC Program with purchase invoices from wholesalers or with other invoices or records, including shelf price records and records of cash receipts for food sales, when requested; | 10 |
| j. For home delivery vendors, permit WIC staff to ride trucks to observe WIC-related procedures; | 10 |
| k. For home delivery vendors, maintain records of delivery of such foods and payments received for three years; | 5 |
| l. Maintain a current registration certificate issued by the local board of health in a location visible to Local WIC Program personnel, if the Vendor is a retail food outlet; | 5 |

- m. Comply with all other Federal, State and Local requirements for food sales (e.g. business registration);
- n. Maintain premises, including home delivery trucks, in a sanitary condition; 5
- o. Comply with the nondiscrimination provisions of U.S. Department of Agriculture regulations (7 CFR Parts 15, 15a and 15b); 3
- p. Never knowingly accept stolen WIC vouchers; 10
- q. Never participate in an activity of questionable business integrity (such as trafficking of drugs or the passing of stolen goods); 10
- r. Comply with requirements of any other USDA Food and Nutrition Service program (such as Food Stamp Program) in which Vendor participates; 10
- s. Provide only correct information on the WIC Vendor application and all vendor price lists. 10

THE LOCAL WIC PROGRAM AGREES TO:

- 1. Provide training to WIC participants in the proper use of WIC vouchers;
- 2. Provide assistance to the Vendor as requested on dealing with any irregularities in the use of WIC vouchers by WIC participants;
- 3. Notify WIC participants that the Vendor is authorized to accept WIC vouchers;
- 4. Provide guidance to the Vendor concerning the authorized WIC foods and applicable guidelines and instructions, including, but not limited to:
 - a. Training the Vendor in Massachusetts WIC Program procedures as necessary;
 - b. Transmitting pertinent information, including any changes in the Federal regulations and/or Massachusetts WIC Program procedures that may affect the Vendor.

GENERAL PROVISIONS:

- 1. This agreement may be amended at any time upon mutual written consent of the parties and incorporated by reference herein.
- 2. This agreement is null and void if the Vendor ceases operations or changes name, location or ownership unless the Massachusetts WIC Program, in its discretion, determines otherwise. The Vendor must give thirty (30) days prior written notice to the Local WIC Program if the Vendor intends to cease operations or change name, location or ownership.
- 3. If the Local Agency or Local WIC Program ceases operations or ceases to have WIC responsibility for the area in which the Vendor is located, the Local Agency or Local WIC Program must give thirty (30) days prior written notice to the Vendor. In such cases, this agreement may, at the option of the Massachusetts WIC Program, be assigned to the Local WIC Program and Local Agency which subsequently assume responsibility for that area, and the Vendor shall be notified in writing of such assignment. Unless this agreement is so assigned by the Massachusetts WIC Program, it shall become null and void when the Local Agency or Local WIC Program ceases operations or ceases to have WIC responsibility for that area.
- 4. This agreement may be terminated by mutual consent with 30 days prior written notice between parties.
- 5. This agreement may be terminated for cause by the Massachusetts WIC Program or the Vendor with 15 days prior written notice. The Vendor Sanction Policy below sets forth the procedures by which the Massachusetts WIC Program may terminate this agreement for program abuse.
- 6. Neither the Local WIC Program nor the Vendor has an obligation to renew this agreement.
- 7. This agreement, if with a food vendor, may be terminated if the Vendor redeems fewer than 20 WIC vouchers in a given month.

8. If the Vendor's prices increase over the prices submitted in the a and such increase is not due to the inflation rate and/or other le Massachusetts WIC Program may terminate this agreement with 30 day the 30 days the Vendor may demonstrate that the prices have been l in which case the agreement will not be terminated.
9. The Massachusetts WIC Program may deny payment to the Vendor, demand refunds for payments already made to the Vendor, or offset future payments to the Vendor, for WIC vouchers used contrary to the terms of this agreement and for altered WIC vouchers.
10. The Vendor may not recover from the Massachusetts WIC Program bank charges incurred as a result of the Vendor's violation of any part of this agreement.
11. The Massachusetts WIC Program may designate the Vendor as "High Risk" according to a state-wide standard protocol. If the Vendor has been designated as "High Risk" the Massachusetts WIC Program may require the Vendor to submit WIC vouchers directly to the State WIC Office or a Local WIC Program for payment.
12. The WIC Vendor Stamp issued to the Vendor by the Local WIC Program is the property of the Massachusetts WIC Program.
13. A Vendor that commits fraud or abuse of the WIC Program shall be liable for prosecution under applicable Federal, State and Local laws. Those who have willfully misapplied, stolen or fraudulently obtained WIC funds shall, if such funds are of the value of \$100 or more, be fined not more than \$10,000 or imprisoned not more than five years, or both; or if such funds are of a value of less than \$100, shall be fined not more than \$1,000 or imprisoned for not more than one year, or both.
14. If the Vendor fails to comply with any provision of this agreement, or violates any part of the Federal regulations, the Vendor shall be disqualified or sanctioned in accordance with the Massachusetts WIC Program Vendor Sanction Policy which is a part of this agreement.
15. The Vendor has the right to appeal disqualification from the WIC Program or any other adverse action by the WIC Program which affects participation during the period of this agreement by requesting a fair hearing in writing from the Massachusetts WIC Program, Department of Public Health, 150 Tremont Street, 3rd floor, Boston, MA 02111. Such request must be received by the Department of Public Health within 30 days from the date the Vendor receives notice of the disqualification or other adverse action. Expiration of this agreement is not subject to appeal.
16. Pursuant to 7 CFR Section 278.1(o)(1), if the Vendor is disqualified from the WIC Program due to abuse of the Program as specified in this Agreement, the Vendor will be subject to withdrawal of Food Stamp Program authorization.
17. Signing of this agreement constitutes representation by both parties that there is no conflict of interest between the Local Agency and/or Local Program and the Vendor.
18. This agreement is subject to change in accordance with any changes in Federal and State requirements governing the WIC Program.

SANCTION POLICY

1. Types of Vendor Abuse and Sanction Scores

Violation of the rules, regulations, policies and procedures governing the Massachusetts WIC Program, including, but not limited to, Federal regulations and the Massachusetts WIC Vendor Agreement, constitutes abuse of the WIC Program.

Abuse of the WIC Program includes both a Vendor's (1) intentional violations and (2) unintentional violations due to lack of information, error, or oversight.

There are six main categories of vendor abuse, which correspond to sections 4 through 9 of the Vendor's responsibilities as defined above: food provision abuse, voucher acceptance abuse, voucher pricing abuse, vendor stamp abuse, voucher redemption abuse, and administrative abuse. The Sanction Score for each instance of abuse in these six categories is given above. The procedures for applying sanctions to the vendors which abuse the program are explained below.

Each type of abuse carries a score based on the relative impact of the abuse on WIC participants and on the integrity of the WIC Program. Scores range from one (1) for less serious abuses to ten (10) for very serious abuses such as overcharging for WIC vouchers.

2. Verification of Vendor Abuse

Prior to sanctioning a Vendor for abuse of the WIC Program, the Local WIC Program or the State WIC Office must verify the existence of the abuse. Verification methods include participant complaints, vendor reviews, compliance purchases, visual inspection of redeemed WIC vouchers, analysis of redeemed WIC vouchers, and review of data from other sources.

a. Participant Complaints

To verify Vendor abuse through participant complaints, three separate WIC participants must complain of the same abuse by the same Vendor, for one instance of documented abuse.

The WIC participant must write or dictate the complaint. The language used in the complaint must be the actual words of the WIC participant. A summation or notation by a WIC staff member is not sufficient documentation, but may be attached for clarification. The WIC participant may choose to leave the complaint unsigned.

The Local WIC Program director or designated staff member must sign the complaint, and indicate the time and date of receipt in order to attest to the fact that a current WIC participant (or authorized representative) made the complaint freely and in good faith.

A Local WIC Program may send a warning letter to a Vendor based on one or more participant complaints.

After receiving one or more participant complaints, a Local WIC Program may also choose to initiate further actions, such as a Vendor review or a request to the State WIC Office for a compliance purchase or other monitoring.

b. Vendor Reviews

A Vendor review is an on-site monitoring visit made by local or state WIC staff to the Vendor's premises. It may include review of physical evidence (such as Mandatory Minimum foods or vouchers) and observation of WIC procedures. It may be scheduled or unannounced, and must be documented by a written, signed report of the reviewer's findings.

c. Compliance Purchases

In a compliance purchase, a person who is not a WIC participant poses as a WIC participant and makes a purchase with WIC vouchers.

A compliance "buyer" may be a State WIC staff member, an authorized investigator from the U.S. Department of Agriculture, or an independent investigator hired by the State WIC Office. The compliance "buyer" receives instructions from the State WIC Office on procedures for the compliance purchase.

The compliance "buyer" records the compliance purchase on an investigation report.

d. Review of Redeemed WIC Vouchers

Redeemed WIC vouchers are reviewed every day at the central WIC bank, visually and by computer.

e. Analysis of Redeemed WIC Vouchers

At intervals throughout the year, the Massachusetts WIC Program reviews and analyzes redeemed WIC vouchers. Using both computerized and manual statistical analysis techniques, the WIC Program identifies those Vendors that exhibit patterns of abusive pricing and redemption.

f. Review of Data From Other Sources

The Massachusetts WIC Program shares information with the Food and Nutrition Service of the United States Department of Agriculture on Vendors' violations of Food Stamp and WIC Program regulations. In addition, the Massachusetts WIC Program cooperates with the Massachusetts Office of the Inspector General, the Attorney General's office, and other law enforcement agencies to monitor Vendors' business activities, and may rely on evidence from these sources as verification that abuse is occurring.

Information which documents that a Vendor's application was inaccurate is also evidence of abuse.

3. Calculation of a Vendor's Total Sanction Score

a. Sanction Scores for Multiple or Repeated Abuses

If a Vendor commits more than one documented type of abuse of the WIC Program, or commits an abuse more than once, the Vendor's total cumulative Sanction Score is the sum of the Sanction Scores for each instance of a violation.

The Sanction Score as specified above will be applied for each instance of a violation. An instance of a violation is defined as one isolated event or multiple occurrences of the same violation at a single point in time, such as multiple vouchers with the same violation submitted for payment on the same day.

b. Duration of Sanction Scores

A sanction score shall remain in effect for two years from the date of the violation.

4. Types of Sanctions

The Massachusetts WIC Program may apply a variety of sanctions to vendors. Sanctions consist of: (a) rejecting redeemed WIC vouchers, (b) warning letters, (c) Sanction Scores, (d) determination as a High Risk Vendor, (e) disqualification, (f) monetary claims, and (g) judicial actions.

a. Rejecting Redeemed WIC Vouchers

The Massachusetts WIC Program may refuse payment to the Vendor for any redeemed WIC vouchers submitted in violation of the Vendor Agreement. The Program may also at its discretion reduce payment on vouchers submitted with excessive prices.

The Massachusetts WIC Program will not be liable for any bank fees that the Vendor may incur for such vouchers rejected and returned from the bank.

b. Warning Letters to the Vendor

The Local WIC Program or Massachusetts WIC Program may send a formal written warning to the Vendor whenever it appears or is documented that the Vendor is abusing the WIC Program.

c. Notification of Sanction Scores

The Massachusetts WIC Program will send the Vendor a formal notification of any documented abuse(s) of the WIC Program for which a Sanction Score has been assigned to the Vendor. A Sanction Score may be assigned without a prior warning letter.

d. Designation as a High Risk Vendor

The Massachusetts WIC Program may designate as a "High Risk Vendor" any Vendor whose history of compliance with the WIC Program indicates that the Vendor may commit further abusive activity. For example, if the WIC Program waives the disqualification of a Vendor (see below), that Vendor may become a High Risk Vendor.

The Massachusetts WIC Program may also use an analysis of redeemed WIC vouchers (see above) to determine whether to designate a Vendor as a High Risk Vendor.

The WIC Program will carefully monitor a High Risk Vendor's continued participation in the WIC Program.

At the discretion of the State WIC Office, the WIC Program may require the High Risk Vendor to submit WIC vouchers directly to the State WIC Office or Local WIC Program for redemption, rather than to the Vendor's usual bank of deposit. The WIC Program will then reimburse the Vendor for those vouchers properly submitted and priced.

e. Disqualification or Denial of Application

The Massachusetts WIC Program may disqualify a Vendor from the WIC Program or deny a Vendor's application if that Vendor reaches a Sanction Score of ten (10) points. These ten points may come from one single serious abuse, from a combination of less serious abuses,

or from abuses occurring at different times. Denial of an application based on the Sanction Score which would be in effect on the first day of for which an agreement has been requested.

The Massachusetts WIC Program may also disqualify or deny the application of a Vendor committing any abuse carrying a Sanction Score of one (1) or more if the Vendor has received three or more formal written warnings or notifications of a Sanction Score for that particular abuse. Disqualification or denial under those circumstances may occur even if the Vendor's cumulative Sanction Score is less than ten (10).

The Massachusetts WIC Program will support the determination of the disqualification with appropriate documentation of the abusive activity.

A disqualification for one, two, or three years will mean that the Vendor will not be able to accept WIC vouchers for one, two, or three years respectively, starting with the date of disqualification. The maximum duration of disqualification will be three years.

A Vendor disqualified from the Food Stamp Program shall be disqualified from WIC for the same period of time, up to a maximum of three years.

A vendor whose WIC disqualification expires during an authorization period may reapply to WIC before the next year's application process begins only if the Local WIC Program reopens its application process due to need for additional vendors in that area.

Whenever the Massachusetts WIC Program intends to disqualify a Vendor, it will provide 15 days prior written notice, which shall include the reason(s) for the disqualification and a notification of the Vendor's right to appeal.

f. Monetary Claims

The Massachusetts WIC Program may make monetary claims against Vendors that have committed certain types of redemption abuse, in addition to any other sanctions applied against such Vendors.

A Vendor against which the WIC Program has made a monetary claim shall be required to make full payment within thirty days of receiving notice of the claim unless the WIC Program authorizes, in writing, a longer payment schedule. Where a fair hearing is requested by the Vendor with respect to the monetary claim, the time period for payment shall not begin until the date the hearing officer issues his/her decision.

The Massachusetts WIC Program may disqualify a Vendor for failure to pay a monetary claim within the required period of time.

The WIC Program may deny the application of any Vendor against which the program has an outstanding monetary claim. The WIC Program may also deny the application of a Vendor of which any owner, partner or, in the case of a corporation, any shareholder, officer or trustee, was an owner, partner, shareholder, officer or trustee of a different Vendor at a time when the State WIC Program made a monetary claim against this other Vendor if such claim is still outstanding.

g. Judicial Actions

If appropriate, the Commonwealth of Massachusetts, acting for the State WIC Office, may take legal action against abusive Vendors in cooperation with Federal, State, and Local authorities.

h. Disqualifications

The following guidelines will be applied to determine the length of a disqualification:

- 10-19 points: one year
- 20-29 points: two years
- 30 or more points: three years

The WIC Program may use discretion in applying these guidelines, giving consideration to relevant factors such as WIC participants' need for accessible vendors, or a Vendor's history of violations of the Program.

This is an Equal Opportunity Program. If you believe you have been discriminated against because of race, color, national origin, age, sex, or handicap, write immediately to the Secretary of Agriculture, Washington, D.C. 20250.

MASSACHUSETTS WIC VENDOR AGREEMENT: FISCAL YEARS 1989-91

AGREEMENT BETWEEN _____ AND _____
(Local WIC Program) (Vendor)
THE TIME PERIOD OF THIS AGREEMENT IS FROM _____ THROUGH SEPTEMBER 30, 1991.
VENDOR STAMP NUMBER _____

Signed by the Local WIC Program or Local Agency
on behalf of the Massachusetts WIC Program of
the Massachusetts Department of Public Health.

Signed by the Individual with legal authority to
obligate the Vendor.

I certify that I or my authorized representative
has received training on WIC procedures, and that
I have received the WIC Vendor Stamp listed above.

SIGNATURE _____

SIGNATURE _____

DATE SIGNED _____

DATE SIGNED _____

NAME _____

NAME _____

TITLE _____

TITLE _____

PROGRAM NAME _____

VENDOR NAME _____

AGENCY NAME _____

ADDRESS _____

ADDRESS _____

TELEPHONE NUMBER _____

TELEPHONE NUMBER _____

FOR CHAIN STORES: CORPORATE OFFICE CONTACT _____

CONTACT PERSON IF OTHER THAN ABOVE _____

ADDRESS _____

TELEPHONE NUMBER _____

TELEPHONE NUMBER _____

 For home delivery vendors, areas where WIC participants will be served (list here or attach list):

REGISTERING VENDORS WITH THE STATE WIC OFFICE

NOTIFY THE STATE WIC OFFICE OF ALL VENDORS YOU AUTHORIZE FOR PARTICIPATION IN THE WIC PROGRAM.

After you complete an authorization session with a vendor:

1. Complete a yellow Vendor Input Form for the vendor.

See the ENTERING A VENDOR INTO THE COMPUTER FILES section for instructions on how to fill out a Vendor Input Form.

2. Mail the completed Vendor Input Form to the state WIC office by October 7.
3. Send a copy of the last page of your signed vendor agreement to the state WIC office by October 7.

NOTIFYING PARTICIPANTS OF WIC VENDORS

NOTIFY YOUR WIC PARTICIPANTS OF ALL VENDORS AUTHORIZED TO ACCEPT WIC VOUCHERS IN YOUR CATCHMENT AREA AND IN ADJOINING AREAS IF APPROPRIATE.

1. Compile a list of all authorized WIC vendors within your program area.
Include:
 - Vendor name
 - Address
 - Phone number
 - Hours of operation
2. Distribute the vendor list to all participants during the October voucher pick-up.
3. Distribute your vendor list to all new WIC participants as they enter the program.
4. Post a list of your authorized vendors in the WIC office.

SENDING VENDOR INFORMATION TO THE STATE WIC OFFICE

SEND VENDOR INFORMATION REGULARLY TO THE STATE WIC OFFICE.

Send copies of the following materials to the state WIC office by the dates shown. The state WIC office uses this data for vendor monitoring, reimbursement of vouchers submitted to the state WIC office, reports on the vendor system, fair hearings, and other purposes.

| ITEM | MAILING DEADLINE |
|---|---------------------------------|
| Vendor applications with 7/1 price list | July 22 |
| Acceptance and rejection letters | September 7 |
| Expired vendor stamps | October 7 |
| Last page of signed vendor agreements | October 7 |
| Vendor input forms | October 7 |
| Vendor review forms | As completed |
| Warning letters | When sent to vendor |
| Requests for sanction points | As needed |
| Invalid or damaged vendor stamps | Within one week of retrieval |

VENDOR FILES AND REPORTS

VENDOR RECORDKEEPING CONSISTS OF:

- THE VENDOR MASTERFILE
- VENDOR REPORTS
- OFFICE VENDOR FILES CONTAINING COPIES OF ALL REQUIRED DOCUMENTS.

See the following sections for more information about vendor files.

THE VENDOR MASTERFILE

THE VENDOR MASTERFILE CONTAINS BASIC INFORMATION ABOUT EACH VENDOR.

USE THE WIC VENDOR INPUT FORM TO ACCESS THE VENDOR MASTERFILE.

MAINTAIN COMPLETE AND ACCURATE COMPUTER RECORDS FOR ALL WIC VENDORS.

The information in the vendor masterfile is used for reports, mailings to vendors, the computerized vendor monitoring system, other vendor monitoring, and answering a variety of questions about vendors.

The vendor masterfile is updated once a month, at the time of voucher create: vendors are entered into or terminated from the masterfile, or information on a vendor is changed.

UPDATING THE MASTERFILE
AT THE START OF A NEW AGREEMENT PERIOD

IF A CURRENT WIC VENDOR RECEIVES A NEW WIC AGREEMENT, DO NOT SUBMIT A NEW INPUT FORM. THE VENDOR WILL KEEP THE SAME VENDOR NUMBER AND REMAIN ON THE MASTERFILE.

IF A CURRENT WIC VENDOR DOES NOT SUBMIT AN APPLICATION FOR A NEW AGREEMENT OR APPLIES BUT IS NOT AWARDED A NEW AGREEMENT, SUBMIT A TYPE 2 INPUT TERMINATING THAT VENDOR, USING THE LAST DAY OF THE CONTRACT PERIOD AS THE TERMINATION DATE. DO NOT REUSE THIS VENDOR NUMBER UNTIL THE NEXT YEAR.

TO ENTER A NEW VENDOR INTO THE COMPUTER FILES, FILL OUT A TYPE 1 INPUT.

COMPLETE AND MAIL VENDOR INPUT FORMS TO THE STATE WIC OFFICE BY OCTOBER 7 (OR WITHIN A WEEK OF SIGNING THE AGREEMENT).

For a Transaction Type 1 ("Trans. Type 1"), make sure that the vendor's identification number is not already on your vendor masterfile. Refer to your Vendor Report to determine which numbers are active. See the LOCAL PROGRAM VENDOR REPORT section of this Procedure Manual for a copy of the Vendor Report.

COMPLETING THE VENDOR INPUT FORM

HEADER EACH ITEM IN THE HEADER IS A CRITICAL FIELD (*).

- * Input code. "V". Preprinted on the form.
- * Program code. Enter the two digit number that designates your local program.
- * Vendor number. Enter the two digit number that you have assigned to the vendor (the vendor stamp number): 01-49 for food stores, 50-79 for home delivery, and 80-99 for pharmacies.
- * Trans. type. Enter the number "1" for a new add.
- * Batch date. Enter the date by month, day and year using six digits.
Example: October 1, 1988 is 10/01/88.

** CHECK CRITICAL FIELDS **

LINE 1 Each item in line 1 is a critical field (*).

- * Vendor company name. Enter the local vendor's complete company name.
- * Vendor's representative, last name, first name. Enter the name of the person in the local company who is responsible for WIC.
- * Vendor class code. Enter the number designating the vendor's type of store. The codes are on the form.

** CHECK CRITICAL FIELDS FOR LINE 1 **

LINE 2 (* indicates a critical field)

- * 2nd line of address. Enter local street address of vendor.
Extra line of address. Enter any further address information such as mailing address if different from street address. Optional field.
- * Telephone number. Enter vendor's telephone number by area code, number and extension. Extension is not a critical field.

** CHECK CRITICAL FIELDS FOR LINE 2 **

LINE 3 (* indicates a critical field)

- * City or town. Enter the name of the city or town in which the vendor is located.
- * State. Enter the state in which the vendor is located.
- * Zip code. Enter the zip code for the vendor's address.
- * Authorization date. Enter the date by month, day and year that the vendor contract begins, in six digits.
Termination code. Leave blank.
Termination date. Leave blank.

** CHECK CRITICAL FIELDS FOR LINE 3 **

SAMPLE WIC VENDOR INPUT FORM

(Trans. Type 1)

THE COMMONWEALTH OF MASSACHUSETTS
 DEPARTMENT OF PUBLIC HEALTH

WIC VENDOR INPUT FORM

| | | | | |
|---------------|-----------------|------------------|---------------|--------------------------|
| INPUT CODE | PROGRAM CODE | VENDOR NUMBER | TRANS TYPE | BATCH DATE (MM/DD/YY) |
| V | 099 | 015 | 1 | 10/1/88 |
| 1 | 2 | 4 | 5 | 7 |

VENDOR NUMBER
 01-49 = Food store
 50-79 = Home delivery
 80-99 = Pharmacy

TRANSACTION TYPE
 1 = add
 2 = change

VENDOR CLASS CODE
 1 Large chain supermarket
 2 Medium size market
 3 Small neighborhood or convenience store
 4 Home delivery vendor
 5 Pharmacy

TERMINATION CODES
 1 No longer wishes to participate
 2 Out of business
 3 Lost status
 4 Disqualified
 5 Change of name
 6 Change of owner
 7 Change of location

PLEASE PRINT IN BLUE INK

| | | | | | |
|------------------------|------|---------------------|--------------------------------------|--|-----------------------------------|
| Check for Change | LINE | VENDOR COMPANY NAME | VENDOR'S REPRESENTATIVE LAST NAME | FIRST NAME | VENDOR CLASS CODE |
| | 1 | ABC MARKET | SMITH | MARY | 2 |
| Check for Change | LINE | 2ND LINE OF ADDRESS | EXTRA LINE OF ADDRESS IF NEEDED | TELEPHONE NUMBER AREA EXCH NUMBER EXT | |
| | 2 | 944 DORCHESTER AVE | | 617 555 1234 | |
| Check for Change | LINE | CITY OR TOWN | STATE | ZIP CODE | AUTHORIZATION DATE MM DD YY |
| | 3 | DORCHESTER | MA | 02125 | 10/1/88 |
| | | | | TERMINATION DATE MM DD YY | |
| | | | | | |

WIC
 11 67

CHANGING VENDOR INFORMATION

TO CHANGE INFORMATION ON A VENDOR ALREADY IN THE COMPUTER FILES, FILL OUT A VENDOR INPUT FORM. THIS IS CALLED COMPLETING A TRANSACTION TYPE 2.

ALWAYS COMPLETE THE HEADER INFORMATION.

Complete and submit vendor input forms to the state WIC office if a vendor:

- o is not awarded a new vendor agreement,
- o goes out of business,
- o loses the vendor stamp and receives a new stamp number,
- o changes managers, or
- o changes any other information in the vendor file.

COMPLETING THE HEADER EVERY FIELD IN THE HEADER IS A CRITICAL FIELD (*)

- * INPUT CODE: "V". Preprinted on the form.
- * PROGRAM CODE: Enter the two digit number designating your local program.
- * VENDOR NUMBER: Enter the two digit vendor number that you have assigned to the vendor (the vendor stamp number).
- * TRANS. TYPE: Enter the number "2" for a change.
- * BATCH DATE: Enter the date by month, day and year using six digits.
Example: April 5, 1988 is 04/05/88.

CHECK THE BOX FOR CHANGE

Go to the line or lines on which you wish to make a change in the data. Check the box that says "Check for Change", and enter the data in the appropriate fields.

SAMPLE WIC VENDOR INPUT FORM

(Trans. Type 2)

THE COMMONWEALTH OF MASSACHUSETTS
 DEPARTMENT OF PUBLIC HEALTH

WIC VENDOR INPUT FORM

| | | | | |
|---------------|-----------------|------------------|---------------|--------------------------|
| INPUT CODE | PROGRAM CODE | VENDOR NUMBER | TRANS TYPE | BATCH DATE (MM/DD/YY) |
| V | 099 | 007 | 2 | 12/1/88 |
| 1 | 2 4 | 5 7 | 8 | 9 14 |

VENDOR NUMBER
 01-49 = Food store
 50-79 = Home delivery
 80-99 = Pharmacy

TRANSACTION TYPE
 1 - add
 2 - change

VENDOR CLASS CODE
 1 Large chain supermarket
 2 Medium size market
 3 Small neighborhood or convenience store
 4 Home delivery vendor
 5 Pharmacy

TERMINATION CODES
 1 No longer wishes to participate
 2 Out of business
 3 Lost stamp
 4 Disqualified
 5 Change of name
 6 Change of owner
 7 Change of location

PLEASE PRINT IN BLUE INK

Check
for
Change ☒

| | | | | |
|------|---------------------|--------------------------------------|------------|------------------------|
| LINE | VENDOR COMPANY NAME | VENDOR'S REPRESENTATIVE LAST NAME | FIRST NAME | VENDU CLASS CODE |
| 1 | | CLIVERIA | EDISA | |
| 15 | 15 45 | 46 60 | 61 70 | 71 |

Check
for
Change ☐

| | | | | | | |
|------|---------------------|---------------------------------|--------------------------|-------|--------|-------|
| LINE | 2ND LINE OF ADDRESS | EXTRA LINE OF ADDRESS IF NEEDED | TELEPHONE NUMBER AREA | EXCH | NUMBER | EXT |
| 2 | | | | | | |
| 15 | 16 40 | 41 65 | 66 68 | 69 71 | 72 75 | 76 79 |

Check
for
Change ☐

| | | | | | | |
|------|--------------|-------|----------|-------------------------------------|-------------------------|-----------------------------------|
| LINE | CITY OR TOWN | STATE | ZIP CODE | AUTHORIZATION DATE (MM/DD/YY) | TERMI NATION CODE | TERMINATION DATE (MM/DD/YY) |
| 3 | | | | | | |
| 15 | 16 40 | 41 42 | 43 47 | 48 53 | 54 | 55 60 |



TERMINATING VENDORS

TERMINATE VENDORS WHEN THEIR AUTHORIZATION ENDS, OR VENDOR NUMBER, NAME, ADDRESS OR OWNERSHIP CHANGES.

TERMINATE ALL VENDORS NOT RECEIVING NEW AGREEMENTS AT THE END OF EACH CONTRACT PERIOD.

To terminate a vendor, enter both a termination code and the date of termination.

TERMINATION CODE: Enter the code that designates the reason the vendor has been terminated.

| <u>CODE</u> | <u>DEFINITION</u> |
|-------------|---|
| 1 | Vendor no longer wishes to participate in the WIC Program |
| 2 | Vendor has gone out of business |
| 3 | Vendor has lost stamp. New vendor number assigned |
| 4 | Vendor has been disqualified <u>or</u> not awarded a new agreement. |
| 5 | Change of name |
| 6 | Change of owner |
| 7 | Change of location |

TERMINATION DATE: Enter the date the vendor's agreement was terminated, using six digits.

Terminated vendors continue to appear on the masterfile to show the reason why they were terminated.

Once a vendor has been terminated, do not reassign her/his vendor identification number to another vendor in the same fiscal year.

SAMPLE WIC VENDOR INPUT FORM

(Termination)

THE COMMONWEALTH OF MASSACHUSETTS
 DEPARTMENT OF PUBLIC HEALTH

WIC VENDOR INPUT FORM

| | | | | |
|--------------------|--------------------------|---------------------------|--------------------|--|
| INPUT CODE 1 | PROGRAM CODE 2 3 4 | VENDOR NUMBER 5 6 7 | TRANS TYPE 8 | BATCH DATE (MM/DD/YY) 9 10 11 12 13 14 |
| V | 0 9 9 | 0 1 7 | 2 | 1 2 2 1 8 8 |

VENDOR NUMBER
 01-49 = Food store
 50-79 = Home delivery
 80-99 = Pharmacy

TRANSACTION TYPE
 1 - add
 2 - change

VENDOR CLASS CODE
 1 Large chain supermarket
 2 Medium size market
 3 Small neighborhood or convenience store
 4 Home delivery vendor
 5 Pharmacy

TERMINATION CODES
 1 No longer wishes to participate
 2 Out of business
 3 Lost stamp
 4 Disqualified
 5 Change of name
 6 Change of owner
 7 Change of location

PLEASE PRINT IN BLUE INK

Check
for
change
☐

| | | | | |
|------|---------------------|--------------------------------------|------------|-------------------------|
| LINE | VENDOR COMPANY NAME | VENDOR'S REPRESENTATIVE LAST NAME | FIRST NAME | VENDOR CLASS CODE |
| 1 | | | | |

Check
for
change
☐

| | | | | | | |
|------|---------------------|-----------------------------------|--------------------------|------|--------|-----|
| LINE | 2ND LINE OF ADDRESS | EXTRA LINE OF ADDRESS (IF NEEDED) | TELEPHONE NUMBER AREA | EXCH | NUMBER | FAX |
| 2 | | | | | | |

Check
for
change
☒

| | | | | | | |
|------|--------------|-------|----------|-------------------------------------|-------------------------|-----------------------------------|
| LINE | CITY OR TOWN | STATE | ZIP CODE | AUTHORIZATION DATE (MM/DD/YY) | TERMI NATION CODE | TERMINATION DATE (MM/DD/YY) |
| 3 | | | | | 2 | 1 2 2 1 8 8 |

WIC

BATCHING VENDOR INPUT FORMS

GROUP TOGETHER ("BATCH") THE ORIGINAL COPIES OF THE VENDOR INPUT FORM BEFORE SUBMITTING THIS INFORMATION TO THE COMPUTER.

1. Group the original copies of the input forms by computer transaction type (Trans. Type 1 and Trans. Type 2).
2. Staple the input forms together once in the upper left corner, and write and circle the total number of inputs at the upper right of the top form.
3. Record the number of vendor inputs on the same Input Log form used for participant and manual voucher input.
4. Mail to state WIC office.

VENDOR REPORTS

FROM THE VENDOR MASTERFILE, FOUR REPORTS ARE PRODUCED EACH MONTH:

- LOCAL PROGRAM VENDOR REPORT
- WIC VENDOR UPDATE LISTING
- WIC VENDOR EDIT LISTING
- WIC VENDOR REJECT LISTING

See the following sections for detailed instructions on using these reports.

LOCAL PROGRAM VENDOR REPORT

THE LOCAL PROGRAM VENDOR REPORT LISTS EACH PROGRAM'S WIC VENDORS
IN ASCENDING ORDER BY VENDOR NUMBER.

KEEP THE MICROFICHE COPY OF THIS REPORT FOR SEVEN YEARS FROM THE END
OF THE FISCAL YEAR TO WHICH IT PERTAINS.

Each record in the Local Program Vendor Report contains all the information
about that vendor that that you have input into the computer masterfile.

This report includes vendors terminated during the current contract year.

SAMPLE LOCAL PROGRAM VENDOR REPORT

REPORT NO. WIC025C

WIC PROGRAM
LOCAL PROGRAM VENDOR REPORT
MAY 1988

UPHAMS CORNER WIC

| | | | |
|----|----|---|--|
| 02 | 01 | CA [REDACTED] FOOD CORP 715 MORRISSEY BLVD DORCHESTER MA 02122 CONLON ARTHUR 617-265-9500 EXT - | VENDOR CLASS - MEDIUM AUTHORIZATION DATE-10-01-87 TERMINATION DATE - TERMINATION CODE - |
| 02 | 02 | D [REDACTED] 8 GE [REDACTED]'S MARKET 1 SAVIN HILL AVE DORCHESTER MA 02125 TSANOTELIS GEORGE 617-436-9051 EXT - | VENDOR CLASS - SMALL AUTHORIZATION DATE-10-01-87 TERMINATION DATE - TERMINATION CODE - |
| 02 | 03 | AL [REDACTED] MARKET 387 STOUGHTON ST DORCHESTER MA 02125 ALVES MARCELIHO 617-436-9466 EXT - | VENDOR CLASS - SMALL AUTHORIZATION DATE-10-01-87 TERMINATION DATE - TERMINATION CODE - |
| 02 | 04 | HE [REDACTED] MARKET 304 BONDWIN ST DORCHESTER MA 02125 HERNANDEZ [REDACTED] NELSON | VENDOR CLASS - SMALL AUTHORIZATION DATE-10-01-87 TERMINATION DATE - TERMINATION CODE - |
| 02 | 12 | HE [REDACTED] CONVENIENCE 1283 DORCHESTER AVE DORCHESTER MA 02125 O'CALLAGAHAN MICHAEL 617-825-1858 EXT - | VENDOR CLASS - SMALL AUTHORIZATION DATE-10-01-87 TERMINATION DATE - TERMINATION CODE - |
| 02 | 13 | DA [REDACTED] MARKET 451 COLUMBIA RD DORCHESTER MA 02125 DASILVA CLARIMUNDO 617-265-3026 EXT - | VENDOR CLASS - SMALL AUTHORIZATION DATE-10-05-87 TERMINATION DATE - TERMINATION CODE - |
| 02 | 14 | PU [REDACTED] 500 GENEVA AVE DORCHESTER MA 02122 DAVIDSON ROBERT 617-265-4350 EXT - | VENDOR CLASS - LARGE AUTHORIZATION DATE-10-01-87 TERMINATION DATE - TERMINATION CODE - |

WIC VENDOR UPDATE LISTING

THE WIC VENDOR UPDATE LISTING LISTS EVERY VENDOR RECORD WHICH HAS BEEN ACCEPTED IN THE VENDOR MASTERFILE.

The WIC Vendor Update Listing contains all the information accepted from vendor input forms, sorted by vendor number.

Compare your copies of the vendor input form with this listing to determine which inputs were accepted. Discard copies of accepted inputs along with the update; this information is repeated on the current Local Program Vendor Report.

SAMPLE WIC VENDOR UPDATE LISTING

WIC
VENDDR UPDATE LISTING
04/19/88
HAMPSHIRE COUNTY WIC

PAGE 1

| | | | | | | |
|-------|----------|---------------|--------|-------|--|-----------------------------|
| CHG | 04 | F MART | | | | VENDOR CLASS - |
| BATCH | 03-28-88 | NORTH KING ST | | | | AUTHORIZATION DATE-10-01-87 |
| | | NDRTHAMPTDN | MA | 01060 | | TERMINATION DATE - |
| | | VERTERAMO | PAUL | | | TERMINATION CODE - |
| | | 413-586-5863 | EXT - | | | |
| CHG | 05 | F MART | | | | VENDOR CLASS - |
| BATCH | 03-28-88 | 501 NEWTON ST | | | | AUTHORIZATION DATE-10-01-87 |
| | | S HADLEY | MA | 01075 | | TERMINATION DATE - |
| | | LESPEERANCE | 808 | | | TERMINATION CODE - |
| | | 413-536-4144 | EXT - | | | |
| CHG | 08 | ST | | | | VENDOR CLASS - |
| BATCH | 03-28-88 | RUSSELL ST | | | | AUTHORIZATION DATE-10-01-87 |
| | | HAOLEY | MA | 01035 | | TERMINATION DATE - |
| | | ZIEGLER | OE88IE | | | TERMINATION CODE - |
| | | 413-253-9546 | EXT - | | | |
| CHG | 09 | ST | | | | VENDOR CLASS - |
| BATCH | 03-28-88 | 228 KING ST | | | | AUTHORIZATION DATE-10-01-87 |
| | | NORTHAMPTON | MA | 01060 | | TERMINATION DATE - |
| | | MILLER | GEORGE | | | TERMINATION CODE - |
| | | 413-584-1260 | EXT - | | | |

WIC VENDOR EDIT LISTING

THE WIC VENDOR EDIT LISTING RECORDS ERRORS THAT WERE MADE ON VENDOR INPUT FORMS.

The WIC Vendor Edit Listing lists errors made on vendor input.

- ** The error flag "REJECTED" appears in the far right hand column of the Edit Listing. This means the entire record was rejected by the computer due to missing or unacceptable data in a critical field.
- ** The record as it appears on the input form is printed with question marks for data missing (or data unacceptable) under each character in the field with the error.

To fix these errors,

1. Correct or fill in the missing data on the input copy
2. Copy the corrected input
3. Resubmit the corrected input
4. Save the copy until the corrected data appears on the Vendor Update Listing.

SAMPLE WIC VENDOR EDIT LISTING

REPDRT WIC010C-VEND

WIC VENDDR EDIT LISTING 04/20/88
 CAMBRIDGE WIC ALL SITES

PAGE 1

| INPUT CODE | PRDG ID NO | VENDDR ID NO | TP | DATE | LINE NO | COMPANY NAME | REPRESENTATIVE | CLASS CODE | |
|---------------|---------------|-----------------|----|----------|------------|---------------------|-----------------------|-----------------------|-------------------------|
| V | 057 | 080 | 2 | 03-28-88 | 1 | | | | RE |
| | | | | | | 2ND LINE OF ADDRESS | EXTRA LINE OF ADDRESS | TELEPHONE | EXT. |
| V | 057 | 080 | 2 | 03-28-88 | 2 | | | | RE |
| | | | | | | CITY OR TOWN | STATE ZIP | AUTHORIZATION DATE | TERM CODE |
| V | 057 | 080 | 2 | 03-28-88 | 3 | | | | 6 03-11-88 ? ??????? |

*** ? BENEATH A FIELD MEANS DATA MISSING OR UNACCEPTABLE. RECDRD IS REJECTED. PLEASE RESUBMIT.

WIC VENDOR REJECT LISTING

THE WIC VENDOR REJECT LISTING LISTS ERRORS INVOLVING VENDOR NUMBERS.

The following types of errors are flagged under REJECT REASON on the WIC Vendor Reject Listing:

DUPLICATE - TRANS TYPE ADD - A Type 1 input was submitted with a vendor number already found in the Vendor Masterfile.

NO MATCH - TRANS TYPE CHG - A Type 2 input was submitted to change information on a vendor number not found in the Vendor Masterfile.

NO MATCH - TRANS TYPE DELETE - A Type 2 input was submitted to delete information on a vendor number not found in the Vendor Masterfile.

For all of these errors, trace the source of the problem. Correct and resubmit the input as appropriate, and save a copy of the input until the correct data appears on the Vendor Update Listing.

SAMPLE WIC VENDOR REJECT LISTING

III

WIC VENDOR REJECT LISTING
DORCHESTER/ROXBURY WIC

05/18/88 PAGE 1

VENDOR INFORMATION

REJECT REASON

04 01 [REDACTED] GROCERY STORE

DUPLICATE TRANS TYPE ADD

OFFICE VENDOR FILES

KEEP COPIES OF ALL MATERIALS PERTAINING TO VENDORS WITH WHOM YOU HAVE
A CURRENT AGREEMENT IN AN ACTIVE VENDOR FILE.

KEEP APPLICATIONS AND REJECTION LETTERS FOR VENDORS WITH WHOM YOU
DID NOT SIGN AN AGREEMENT IN AN INACTIVE VENDOR FILE.

KEEP RECORDS AND TERMINATION/DISQUALIFICATION LETTERS FOR FORMER VENDORS
IN A TERMINATED VENDOR FILE.

KEEP COPIES OF VENDOR MATERIALS FOR SEVEN YEARS FROM THE END OF THE
FISCAL YEAR TO WHICH THEY PERTAIN.

For each currently authorized vendor, maintain on file:

1. Vendor application with July 1 price list (both signed)
2. Mandatory minimum checklist
3. Composite price calculation sheet
4. Acceptance letter (copy) and receipt
5. Last page of vendor agreement (with vendor and WIC signatures)
6. Vendor stamp receipt
7. On-site review forms (if applicable)
8. Home delivery surveys (if applicable)
9. Written participant and vendor complaints (if any), with follow-up
10. Copies of all correspondence, such as:
 - follow up to a participant complaint
 - warning letter and vendor's response to it
11. "Flow sheet" to document concerns, notes of phone calls, etc.

MAINTAINING POSITIVE RELATIONSHIPS WITH WIC VENDORS

TO INCREASE WIC'S EFFECTIVENESS IN THE COMMUNITY, MAINTAIN A POSITIVE AND SUPPORTIVE RELATIONSHIP WITH YOUR VENDORS.

TRY TO CONTACT EACH VENDOR AT LEAST TWICE A YEAR.

COMMEND VENDORS WHO TAKE AN INTEREST IN THE WIC PROGRAM AND WHO ARE RESPONSIVE TO PARTICIPANTS.

VENDOR CONTACTS

Vendors are an important link between your WIC Program and your community. WIC participants often have more contact with WIC vendors than they do with your staff. Therefore, make every effort to include vendors in your educational and public relations efforts.

If possible, contact each vendor at least twice a year to discuss his/her opinions and suggestions about WIC and any problems s/he may be having, so that you can take any necessary action. These two contacts may include visits or phone calls made for other purposes, as long as you also discuss these issues, and questionnaires.

Document each contact in the vendor's file.

USING VENDORS FOR OUTREACH

- Make sure all vendors have an "Authorized WIC Vendor" sign.
- Give all vendors material describing the WIC Program, outlining eligibility criteria, and explaining how to apply.
- You may wish to leave nutrition education materials with the vendor. "Point of purchase" education about WIC foods can help reinforce WIC's nutrition education.

VENDOR EDUCATION

PROVIDE EDUCATION TO WIC VENDORS TO SOLVE PROBLEMS AND TO MEET THEIR NEEDS AND INTERESTS IN WIC.

DOCUMENT VENDOR EDUCATION CONTACTS IN THE VENDOR'S FILE.

VENDOR EDUCATION

Vendor education includes any contact you make with the vendor to explain the WIC program or to solve problems with participants. This includes visits to or from the vendor, letters, mailings, and phone calls. Vendor education can take place with individual vendors or in groups. Keep in touch with your vendors; ask them what information they need about WIC and what kind of training and materials would be helpful to managers and cashiers.

Make sure the vendor has enough copies of the cashier card so that s/he can post one at each register. Remind the vendor of the importance of training cashiers about WIC procedures. Distribute the Vendor's Guide to WIC Issues.

Vendor education sessions can be either formal or informal. Gear the manner and intensity of the education session to the subject matter.

NOTIFYING VENDORS OF POLICY CHANGES

When you change any WIC policies or procedures that impact on your vendors, notify them verbally and then to follow up with a letter reinforcing the information.

The state WIC office notifies vendors directly of any statewide policy changes such as new allowable WIC foods, and expects that you will clarify any questions your vendors have about the new policy.

COMMENTS AND COMPLAINTS FROM VENDORS

ENCOURAGE VENDORS TO VOICE THEIR OPINIONS ABOUT WIC PROGRAM OPERATIONS.

Take vendors' comments and complaints seriously. They may help you to identify areas where further participant education is needed or where WIC procedures need to be improved.

When a vendor has a complaint about WIC procedures, it may be due to a lack of understanding of the WIC Program. Use this opportunity to help vendors understand WIC's goals and approach.

VENDOR COMMENTS AND COMPLAINTS

1. When a vendor has a comment or complaint about the WIC Program, fill out a "COMMENT/COMPLAINT FORM: VENDORS". Attach the vendor's written complaint, if any. See the Originals Packet for a copy of the form.
2. Act on all complaints within two weeks.
3. File the completed "COMMENT/COMPLAINT FORM: VENDORS" in the vendor's file.
4. Send a copy of the "COMMENT/COMPLAINT FORM: VENDORS" to the state WIC office.

VENDOR REIMBURSEMENTS

A VENDOR REIMBURSEMENT IS PAYMENT OF A VOUCHER BY THE STATE WIC OFFICE INSTEAD OF THE WIC BANK.

VOUCHERS REJECTED BY THE BANK FOR THE FOLLOWING REASONS MAY ONLY BE REIMBURSED BY THE STATE OFFICE:

- INVALID OR COUNTERFEIT VENDOR STAMP
- EXPIRED
- OVERPRICED
- PRICE ALTERED, IN PENCIL, MISSING OR ILLEGIBLE
- ALTERED SIGNATURE OR DATE
- NOT DEPOSITED IN VENDOR'S BANK
- STOP PAYMENT
- VOUCHER ALREADY REJECTED FOR ANOTHER PROBLEM, NOT CORRECTED (E.G. NO VENDOR STAMP)

VENDORS MAY SUBMIT THESE VOUCHERS TO THE STATE WIC OFFICE, WHICH WILL PAY IF APPROPRIATE.

HAVE VENDORS SUBMIT ALL VOUCHERS WITH ALTERED PRICES AND VOUCHERS WHICH EXCEED \$30.00 DIRECTLY TO THE STATE WIC OFFICE. THESE VOUCHERS WILL BE ROUTINELY PAID IF LEGITIMATELY PRICED.

STANDARD PROCEDURE

The vendor mails vouchers to the Vendor Compliance Assistant, State WIC office, requesting payment and explaining why. State staff will review the requests, including checking vendor price lists, and authorize the WIC bank to pay the vendor the appropriate amount, if any. The bank will send the vendor a check with a statement of the voucher numbers being reimbursed and the amount paid for each voucher.

Vendors may call the state WIC office for information on the status of any voucher in this process.

STOP PAYMENTS

If a vendor accepts a voucher on which payment was stopped, the state WIC office will reimburse her/him if s/he accepted the voucher in good faith and followed all WIC procedures (e.g., checked signatures, etc.) Have the vendor submit the voucher and explanation to the state WIC office. Bounced-check fees will also be reimbursed in these cases if the vendor sends a copy of the bank statement listing the fee.

VENDOR MONITORING

VENDOR MONITORING TAKES PLACE AT BOTH THE STATE AND LOCAL LEVEL.

VENDOR MONITORING AT THE LOCAL LEVEL INCLUDES:

1. REVIEWING PRICE LISTS
2. RESPONDING TO COMMENTS AND COMPLAINTS FROM PARTICIPANTS
3. CONDUCTING VENDOR REVIEWS
4. SENDING WARNING LETTERS
5. NOTIFYING THE STATE WIC OFFICE OF WARNINGS AND SERIOUS PROBLEMS AND COMPLAINTS AGAINST ANY WIC VENDOR.

Vendor monitoring is a responsibility shared between the state WIC office and the local WIC programs.

** At the local level, you are responsible for monitoring vendors' compliance with the WIC Program, especially to ensure that participants receive satisfactory service from vendors. If you would like assistance with monitoring techniques, contact the state WIC office.

** At the state level, monitoring includes analysis of redeemed vouchers to detect overcharging and other problems, and compliance buys based on local WIC programs' requests and other sources of information.

REVIEWING PRICE LISTS

THE STATE WIC OFFICE WILL COLLECT NOVEMBER 1 AND MARCH 1 PRICE LISTS FROM ALL VENDORS AND SEND COPIES TO YOU. (YOU WILL ALREADY HAVE JULY 1 PRICE LISTS.)

REVIEW EACH NEW PRICE LIST AGAINST THAT VENDOR'S PREVIOUS PRICE LIST.

CONTACT THE STATE WIC OFFICE IF YOU NOTICE ANY QUESTIONABLE PRICE INCREASES.

Review price lists for unusual increases to:

- detect overcharging of the WIC program
- discover cases of vendors giving false prices on their applications
- look for evidence that the vendor does not carry the Mandatory Minimum of WIC foods.

Compare the November 1 prices to the July 1 prices, and March 1 prices to November 1 prices. Vendors with price increases which cannot be justified by inflation and/or other legitimate factors may be disqualified if they do not lower prices to an acceptable level.

COMMENTS AND COMPLAINTS FROM PARTICIPANTS

DOCUMENT ALL PARTICIPANT COMPLAINTS ABOUT VENDORS.

INFORM PARTICIPANTS REPORTING VIOLATIONS BY A VENDOR THAT THEY ARE NOT OBLIGED TO TESTIFY IN COURT OR IN A FAIR HEARING UNLESS THEY WISH TO.

FOLLOW EACH PARTICIPANT COMPLAINT OR COMMENT WITH A VENDOR REVIEW, LETTER TO THE VENDOR, OR PHONE CALL.

NEVER MENTION THE PARTICIPANT'S NAME TO A VENDOR.

THE PARTICIPANT'S ROLE IN VENDOR MONITORING

For participants to be able to assist in vendor monitoring, they must clearly understand how to redeem their WIC vouchers.

Make it clear to them that you want to know if they ever have any problems with WIC vendors, including problems redeeming their vouchers or obtaining WIC foods. Some options for soliciting participant input are:

- o putting a suggestion/complaint box in your office
- o distributing a questionnaire asking about vendors.

Tell participants they do not have to give their name when making a complaint, but a signed statement is helpful for documentation.

USING THE PARTICIPANT'S COMMENT/COMPLAINT FORM

Use the "PARTICIPANT'S VENDOR COMMENT/COMPLAINT FORM" to document any comments or complaints that you receive about a vendor, and your follow-up. The complaint must be written or dictated by the participant, in her/his own words. Comments or notes by WIC staff are not acceptable documentation of a participant complaint.

- Put a copy of the form in the vendor's file.
- Document any response by the vendor in the vendor's file.
- Send a copy of the completed comment/complaint form to the state WIC office.

NOTE: If a participant complaint indicates a problem which may require a Sanction Score, obtain any possible additional documentation of the problem, to make a stronger case for sanctioning the vendor.

VENDOR REVIEWS

IF YOU SUSPECT A VENDOR IS ABUSING THE WIC PROGRAM, CONDUCT A VENDOR REVIEW OR ASK THE STATE WIC OFFICE TO CONDUCT A COMPLIANCE BUY.

REVIEW AT LEAST 50% OF YOUR VENDORS DURING THE FIRST HALF OF THE FISCAL YEAR. REVIEW ALL YOUR VENDORS AT LEAST EVERY TWO YEARS; TRY TO REVIEW EACH VENDOR AT LEAST ONCE A YEAR.

CONTACT THE STATE WIC OFFICE IF YOU DISCOVER SERIOUS PROBLEMS DURING A VENDOR REVIEW.

Select the 50% of vendors to be reviewed as a representative sample of all vendors, i.e. ensure that vendors of various types, sizes and locations are monitored.

During the vendor review:

1. Check prices and review the Mandatory Minimum of WIC foods
2. Review other WIC procedures and requirements
3. Provide technical assistance as needed
4. Use the Bounced Voucher Report as a source of information on problems.

Conduct vendor reviews as often as necessary, especially:

- o After you receive one or more complaints about a vendor
- o If you receive a call for technical assistance from the vendor
- o After you receive a Price Report from a vendor that seems unusual (for example, the prices are very high or very low, or it appears that the vendor no longer carries the Mandatory Minimum).

To schedule a vendor review, call the vendor to arrange a mutually convenient time. Send a confirmation letter and keep a copy in the vendor's file.

You are also encouraged to conduct unannounced vendor reviews in cases of suspected violations.

Complete a "VENDOR REVIEW FORM" for each visit. (See the Originals Packet for a copy of the form appropriate to the type of store visited.) You need not complete the whole form for repeat visits if a recent form is on file. Record all your findings. Indicate any questions or problems the vendor had, and explain your responses. Record any follow-up needed. Keep the form in the vendor's file, and send a copy to the state WIC office.

Follow the review with a letter to the vendor indicating your findings, and indicating any changes you want the vendor to make. Keep a copy of the letter and follow-up in the vendor's file, and send a copy to the state WIC office.

VENDOR WARNING LETTERS

If you discover a problem during the vendor review that may result in sanction points being applied, send the "VENDOR REVIEW WARNING LETTER"; include the date by which the problem must be corrected.

Keep a copy in the vendor's file and send a "VENDOR SPECIALIST FOLLOW-UP LETTER" to the state WIC office, noting the outcome.

HOME DELIVERY MONITORING

SURVEY 5% OF ALL HOME DELIVERY PARTICIPANTS EACH MONTH.

RIDE EACH HOME DELIVERY TRUCK AT LEAST ANNUALLY.

WHEN MONITORING A HOME DELIVERY VENDOR, OBTAIN FROM THAT VENDOR A WRITTEN LIST OF ALL PARTICIPANTS SERVED.

PROVIDE EXTRA TRAINING TO VENDORS AND PARTICIPANTS WHERE WIC PROCEDURES ARE NOT BEING FOLLOWED.

Follow these procedures when monitoring home delivery vendors:

1. Obtain from the vendor a written list of all participants s/he serves. If this is a problem, remind her/him that the Vendor Agreement states the need to keep records for three years.
2. Survey 5% of all home delivery participants each month, so that samples are distributed as evenly as possible across vendors and trucks. Have the participant fill out the "HOME DELIVERY SURVEY FORM" or interview her/him over the phone and fill it out yourself. Include any questions of your own. Use the survey results to document compliance and to indicate if further monitoring is necessary.
3. Ride each truck at least annually to verify that WIC procedures are being followed. Use the Vendor Agreement as a guide, and notify the state WIC office if sanctioning is appropriate. Document all inspections.
4. Provide extra training to vendors and participants where WIC procedures are not being followed. Call the WIC Vendor Coordinator if you have a need or suggestions for specific training materials.

VENDOR SANCTIONS

IF YOU DISCOVER THAT ANY VENDOR WITH WHOM YOU HAVE SIGNED AN AGREEMENT IS ABUSING THE WIC PROGRAM, FOLLOW UP WITH A WARNING LETTER OR FURTHER INVESTIGATION IF NECESSARY. IN CASES OF SERIOUS ABUSE, CONTACT THE STATE WIC OFFICE FIRST.

ONLY THE STATE WIC OFFICE MAY APPLY A SANCTION SCORE OR DISQUALIFY A VENDOR.

SEE THE VENDOR AGREEMENT FOR THE FULL SANCTION POLICY.

1. If you suspect that a vendor is abusing the WIC Program, verify your suspicions by:

- o Conducting a vendor review, or
- o Asking the state WIC office to conduct a "compliance buy", or
- o Getting three separate complaints written or dictated by three separate participants of the same abuse by the same vendor.

The first two options are preferable.

2. After you have documented the violation, send a warning letter to the vendor. (For serious abuse, first contact the state WIC office.) Use these letters provided in the Originals Packet:

- "PARTICIPANT COMPLAINT WARNING LETTER" (may be sent after the first complaint)
- "VENDOR REVIEW WARNING LETTER"
- "OTHER KNOWN ABUSES WARNING LETTER"

Send the letter by certified mail or hand deliver it. Send a copy to the state WIC office, and keep a copy of the warning letter and the certified mail receipt in the vendor's file.

3. Send the "VENDOR COORDINATOR FOLLOW-UP LETTER" to the state WIC office noting the outcome. The state WIC office will apply any needed Sanction Score and/or other sanctions, including disqualification.

4. If the WIC Vendor Sanction Policy indicates that the vendor should be disqualified from the WIC Program but you feel that this course of action is not appropriate, CONTACT THE STATE WIC OFFICE IMMEDIATELY to request a waiver of the sanction. Be prepared to document your concerns.

VENDOR APPEALS

VENDORS HAVE THE RIGHT TO APPEAL DECISIONS THAT ADVERSELY AFFECT THEIR PARTICIPATION IN THE WIC PROGRAM.

A vendor has the right to appeal:

1. Denial of an application to participate in the WIC Program
2. Disqualification from participation in the WIC Program
3. Any other "adverse action" which affects her/his participation in the WIC Program.

REQUESTS FOR VENDOR FAIR HEARINGS

VENDORS MAY APPEAL A DECISION AFFECTING THEIR PARTICIPATION IN THE WIC PROGRAM BY REQUESTING A FAIR HEARING IN WRITING FROM THE STATE WIC OFFICE WITHIN THIRTY DAYS FROM THE DATE OF THE DECISION THEY ARE APPEALING.

There is no standard form for a vendor to use in requesting a fair hearing.

Tell vendors to address their requests for a fair hearing to:

Vendor Coordinator
Massachusetts WIC Program
Department of Public Health
150 Tremont Street, 3rd floor
Boston, Massachusetts 02111

and to make sure the state WIC office receives their request within 30 days of the date they were notified of the decision.

VENDOR PARTICIPATION PENDING A FAIR HEARING

THERE IS A MANDATORY 15-DAY NOTIFICATION PERIOD BEFORE "ADVERSE ACTION" SUCH AS DISQUALIFICATION MAY BE TAKEN AGAINST A VENDOR. IF A VENDOR WHO APPEALS A DECISION IS ALREADY AUTHORIZED, S/HE MAY NOT NORMALLY CONTINUE TO ACCEPT WIC VOUCHERS WHILE AWAITING THE HEARING OFFICER'S DECISION.

IF A VENDOR THAT IS NOT A CURRENTLY AUTHORIZED APPEALS A WIC DECISION, THAT VENDOR MAY NOT ACCEPT VOUCHERS WHILE AWAITING THE HEARING DECISION.

After the 15-day notification period, the state WIC office may take adverse action against a vendor, such as disqualification, effective immediately. The state WIC office may, however, decide instead to postpone adverse action until a hearing decision is rendered, considering inconvenience to participants and other relevant criteria. In such a case, until the decision is received, the state WIC office may require the vendor to deposit vouchers directly to the WIC Program for reimbursement rather than to the bank.

VENDOR FAIR HEARING PROCEDURES

VENDOR HEARINGS ARE CONDUCTED BY AN INDEPENDENT, IMPARTIAL HEARING OFFICER APPOINTED BY THE DEPARTMENT OF PUBLIC HEALTH.

VENDORS MAY REVIEW THE WIC FILE ON THEIR CASE UPON REQUEST.

PREPARING FOR THE HEARING

1. When the state WIC office receives a request for a hearing, they will contact you to schedule a meeting to discuss the case.
2. Before the meeting, prepare a case file containing all relevant documents, such as:

For Denied Applications

- map clearly showing the areas of competition noted on your Vendor Selection Plan, and location of approved WIC vendors
- statistics on location of WIC participants
- rationale and documentation for limiting factors given in Vendor Selection Plan such as geographic or other factors
- means of access for WIC participants to selected vendors (public transportation, mileage, etc.)
- results of Participant Shopping Survey, if available
- applications with price lists for all vendors competing with denied vendor
- list of all competitors, ranked by composite price
- composite price calculations for all competitors
- letters of acceptance or denial for all competitors
- any information documenting inaccuracies in the application
- lists from home delivery vendors of participants served (as needed).

For Disqualified Vendors

- vendor agreement
 - compliance buy reports
 - participant complaints
 - correspondence
3. At the meeting, you and the state WIC office will discuss the case file and the reasons for the adverse action, and prepare for the hearing.
 4. The state WIC office schedules the hearing to take place within 30 days of the receipt of the request, and sends a hearing notice stating the date, time, and place for the hearing to the vendor by certified mail. Copies are sent to you and the Hearing Officer.
 5. After the hearing is scheduled, it may be rescheduled once, at the vendor's request.

CONDUCTING THE HEARING

1. The hearing is informal, and may be tape-recorded.
2. The WIC Program presents its case first.
 - o The designated representative of the state WIC office (usually an attorney from the Office of General Counsel for the Department of Public Health) makes an opening statement to explain, in a general way, why the decision being appealed was taken.
 - o The WIC Program presents witnesses to show that the basis for the decision is accurate.
 - * You may be asked to explain any program abuses, warnings, participant complaints, or vendor selection data relevant to the case
 - * A participant may be asked to testify
 - * An investigator may explain any compliance buy(s) performed
 - * State WIC staff may discuss state policies, federal regulations, and duration of any sanction.
 - o The vendor may question any WIC Program witnesses directly following their testimony.
3. The vendor (or her/his lawyer, spokesperson, or other representative) then presents the vendor's case. S/he may make an opening statement and present witnesses who may be cross-examined by the representatives for the state WIC program.

THE HEARING DECISION

1. The hearing officer has sixty days from the date of the initial hearing request to write the decision and to mail it by certified mail to the vendor. S/he also sends copies to you and to the state WIC office.
2. The hearing officer's decision is final.
3. The vendor may appeal the hearing decision to Superior Court.

Massachusetts WIC Program
STATE PLAN

SECTION 3:
State Agency
Operations

STATE PLAN

Section 3: State Agency Operations

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INTRODUCTION

The state WIC office has overall responsibility for the "effective and efficient administration of program operations within its jurisdiction".

The state WIC office provides guidance on all aspects of program operations to the local agencies providing WIC services to participants, and ensures that local WIC programs conform to federal administrative guidelines and instructions.

The state WIC office hires sufficient staff to ensure the provision of, at a minimum, nutrition education, certification, monitoring, fiscal reporting, food delivery and training.

The state agency maintains a staff/participant ratio appropriate for efficient program operation, and conforms to federal regulations defining minimum qualifications for state agency positions. Every effort is made to hire minority staff, and state agency hiring practices comply with the non-discrimination criteria outlined in the regulations.

The state WIC office submits an annual State Plan of Operations to USDA which contains a section outlining the state's goals and objectives for the coming fiscal year, a local WIC program procedures manual, and a section describing the state's operations.

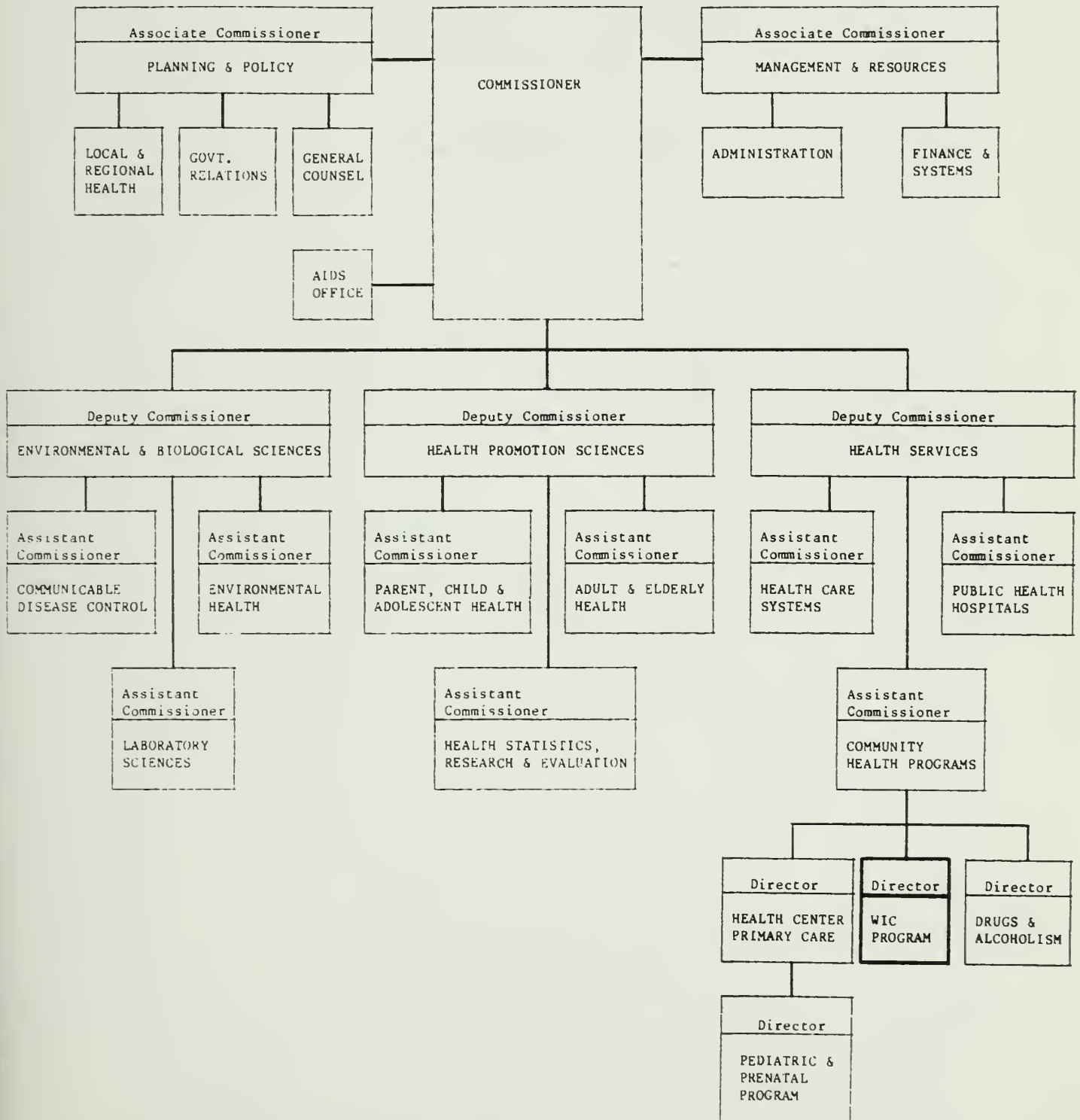
Finally, the state WIC office holds public hearings once a year throughout the state, accessible to the public and publicized in advance, to enable interested persons to comment on state agency operations.

THE MASSACHUSETTS WIC PROGRAM

The following sections describe the location of the Massachusetts WIC Program within the Department of Public Health, and outline the staffing of the state WIC office.

Also included is a description of the WIC Advisory Council which provides advice to the state agency on policy regarding the Massachusetts WIC Program, and a complete listing of Massachusetts local WIC programs.

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

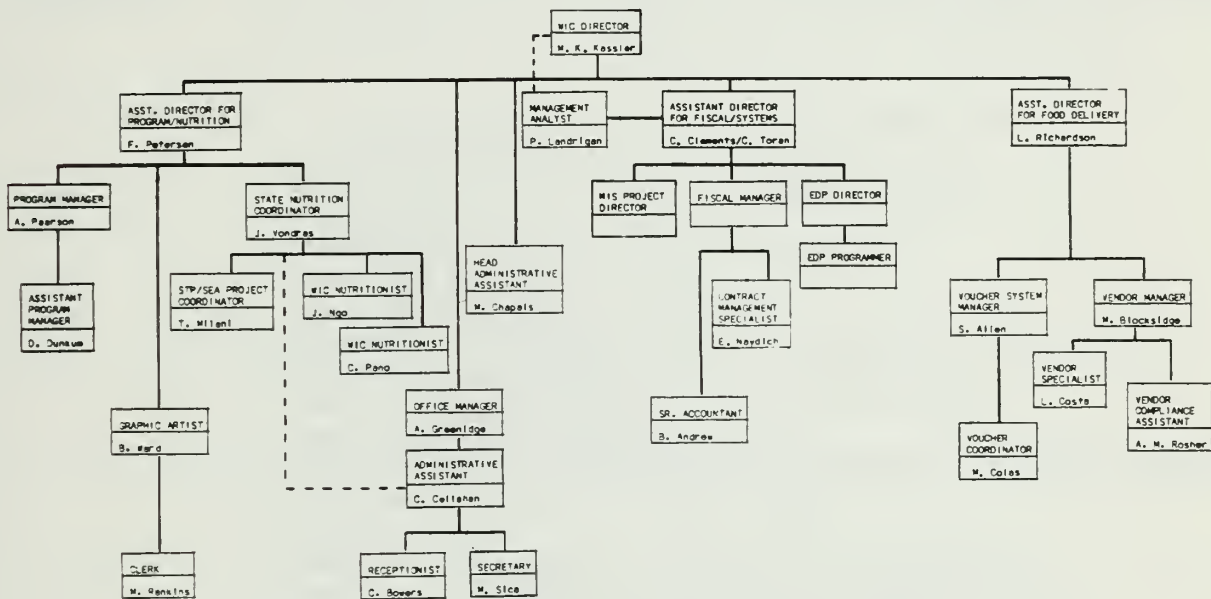


COMMUNITY HEALTH PROGRAMS

To be developed in FY 89.

MASSACHUSETTS WIC PROGRAM

Massachusetts WIC Program



WIC ADVISORY COUNCIL

GOAL: To provide advisory opinion to the State agency on policy for the Massachusetts WIC Program

MEMBERSHIP: To be appointed by the Commissioner of Public Health and comprise a broad group of active public and state representatives:

- WIC consumer from each public health region (5)
- private citizen
- local WIC provider agency executive director
- WIC vendor
- physician or nurse with WIC experience
- state WIC director
- state WIC nutrition coordinator
- president or representative of the Massachusetts WIC Directors Association
- chair or representative of Massachusetts WIC Nutritionists Association
- Member of State Legislature from Committee on Human Services and Elderly Affairs or Health Care
- WIC advocate
- member of FHS Advisory Council or Nutrition Board
- Director or designee, DPH Office of Nutrition
- Director or designee, DPH Maternal & Child Health
- Director or designee, Governor's Office of Human Resources
- Secretary or designee, Executive Office of Human Services
- Director or designee, Office for Children
- Commissioner or designee, Department of Public Welfare

TERM OF OFFICE: Two years.

MEETINGS: Five times a year.

WIC ADVISORY COUNCIL

FY 88

| AFFILIATION | NAME AND TITLE | ADDRESS AND PHONE NUMBER |
|--|---|---|
| WIC Consumer: West | Cynthia Buchanan | |
| WIC Consumer: Central | Sheryl Shakir | |
| WIC Consumer: Northeast | Jacqueline Rossitti | |
| WIC Consumer: Southeast | Sandra Hatch | |
| WIC Consumer: Boston | Dineo Gary | |
| Private Citizen/Chair | David Mofenson, Esq. | One Wells Avenue, Newton, MA 02159 617-298-6309 |
| WIC Advocate | Steven Savner, Attorney | Massachusetts Law Reform Institute 69 Canal Street, Boston, MA 02114 617-742-9250 |
| Local Agency Executive Director | Leslie T. Laurie, Executive Director | Family Planning Council of Western MA 16 Center Street, Northampton, MA 01060 413-586-2016 |
| WIC Vendor | Chris Flynn, President | Massachusetts Food Association 31 Milk Street, Suite 817, Boston, MA 02109 617-542-3085 |
| Physician or Nurse with WIC experience | John McNamara, M.D. Chief of Pediatrics | Brockton Hospital 60 Center Street, Brockton, MA 02402 |
| President or Representative: MA WIC Directors Association | Erica Krull, Program Director | Brockton WIC Program 33 Adams Street, Brockton, MA 02402 617-588-8241 |
| President or Representative: MA WIC Nutritionists Association | Mary Heinzl, Nutritionist | Cambridge WIC Program 105 Windsor Street, Cambridge, MA 02139 617-498-1091 |
| Member: FHS Advisory Board or Nutrition Board | Sue Tenorio, Ed.D | Pioneer Valley AHEC Springfield Technical Community College 1 Amory Square, Springfield, MA 01105 413-781-7822 |
| Member: Legislative Committee on Health Care or Human Services & Elderly Affairs | The Honorable Edward L. Burke, Chairman Ann Elderkin, Research Analyst | Committee on Health Care Senate, Commonwealth of Massachusetts State House, Room 413C, Boston, MA 02133 617-722-1640 |

| AFFILIATION | NAME AND TITLE | ADDRESS AND TELEPHONE NUMBER |
|--|---|--|
| Member: Legislative Committee on Health Care or Human Services & Elderly Affairs | The Honorable Edward L. Burke, Chairman Ann Elderkin, Research Analyst | Committee on Health Care Senate, Commonwealth of Massachusetts State House, Room 413C, Boston, MA 02133 617-722-1640 |
| Representative: Secretary, Executive Office of Human Services | Diane Mazonson | Executive Office of Human Services One Ashburton Place, 11th floor Boston, MA 02114 617-727-4164 |
| Representative: Commissioner, Department of Social Services | Jan Carey | Department of Social Services 150 Causeway Street, Boston, MA 02114 617-727-0900 |
| Representative: Director, Office for Children | Brenda Marotta | Capital Council for Children 68 Central Square, East Boston, MA 02128 617-567-1950 |
| Representative: Commissioner, Department of Public Welfare | Chela Tawa, Director of Community Relations | Department of Public Welfare 180 Tremont St., Boston, MA 02111 617-574-0234 |
| Director, Office of Nutrition | Ruth Palombo, Director | Department of Public Health Division of Family Health Services Office of Nutrition 150 Tremont St., 4th fl., Boston, MA 02111 617-727-9283 |
| Director, Maternal and Child Health | Kathy Messenger, Acting Director | Department of Public Health Division of Family Health Services Maternal & Child Health 150 Tremont St., 3rd fl., Boston, MA 02111 617-727-0940 |
| State WIC Director | Mary Kelligrew Kassler, Director | Massachusetts WIC Program 150 Tremont St., 3rd fl., Boston, MA 02111 617-727-6876 |
| State Nutrition Coordinator | Jack Vondras, State Nutrition Coordinator | Massachusetts WIC Program 150 Tremont St., 3rd fl., Boston, MA 02111 617-727-6876 |



Massachusetts WIC

PROGRAM LIST

WESTERN REGION

- | | |
|---------------------|----------------|
| 1. BERKSHIRE | Pittsfield |
| 2. FRANKLIN COUNTY | Greenfield |
| 3. HAMPSHIRE COUNTY | Northampton |
| 4. HOLYOKE/CHICOPEE | Chicopee |
| 5. SOUTH BERKSHIRE | Gt. Barrington |
| 6. SPRINGFIELD | Springfield |

CENTRAL REGION

- | | |
|------------------|-------------|
| 7. ATHOL | Athol |
| 8. NORTH CENTRAL | Fitchburg |
| 9. SOUTH CENTRAL | Southbridge |
| 10. WORCESTER | Worcester |

NORTHEAST REGION

- | | |
|-------------------|-----------|
| 11. HAVERHILL | Haverhill |
| 12. LAWRENCE | Lawrence |
| 13. LOWELL | Lowell |
| 14. MALDEN/REVERE | Malden |
| 15. NORTH SHORE | Lynn |

SOUTHEAST REGION

- | | |
|-----------------|-------------|
| 16. BROCKTON | Brockton |
| 17. CAPE COD | Hyannis |
| 18. FALL RIVER | Fall River |
| 19. NEW BEDFORD | New Bedford |
| 20. PLYMOUTH | Plymouth |
| 21. TAUNTON | Taunton |

BOSTON AREA

- | | |
|-------------------------------------|---------------|
| 22. ALLSTON/BRIGHTON | Brighton |
| 23. CAMBRIDGE | Cambridge |
| 25. DORCHESTER/ROXBURY | Dorchester |
| 26. EAST BOSTON | East Boston |
| 27. FRAMINGHAM | Framingham |
| 28. JAMAICA PLAIN | Jamaica Plain |
| 29. QUINCY | Quincy |
| 30. ROXBURY | Roxbury |
| 31. SOMERVILLE/MEDFORD | Somerville |
| 32. SOUTH BOSTON | South Boston |
| 33. SOUTH DORCHESTER/ ROSLINDALE | Neponset |
| 34. SOUTH END | South End |
| 35. UPHAM'S CORNER | Dorchester |

STATE WIC AGENCY STAFF

150 Tremont Street, 3rd floor, Boston, MA 02111
(617) 727-6876, 6878 727-6922, 6923

ADMINISTRATIVE

| | |
|------------------|---------------------------------|
| MARY K. KASSLER | State WIC Director |
| Cheryl Bowers | Receptionist |
| Michele Chapais | Coordinator of Health Education |
| Althea Greenidge | Administrative Assistant II |
| Maria Sica | Senior Clerk Typist |

PROGRAM AND NUTRITION

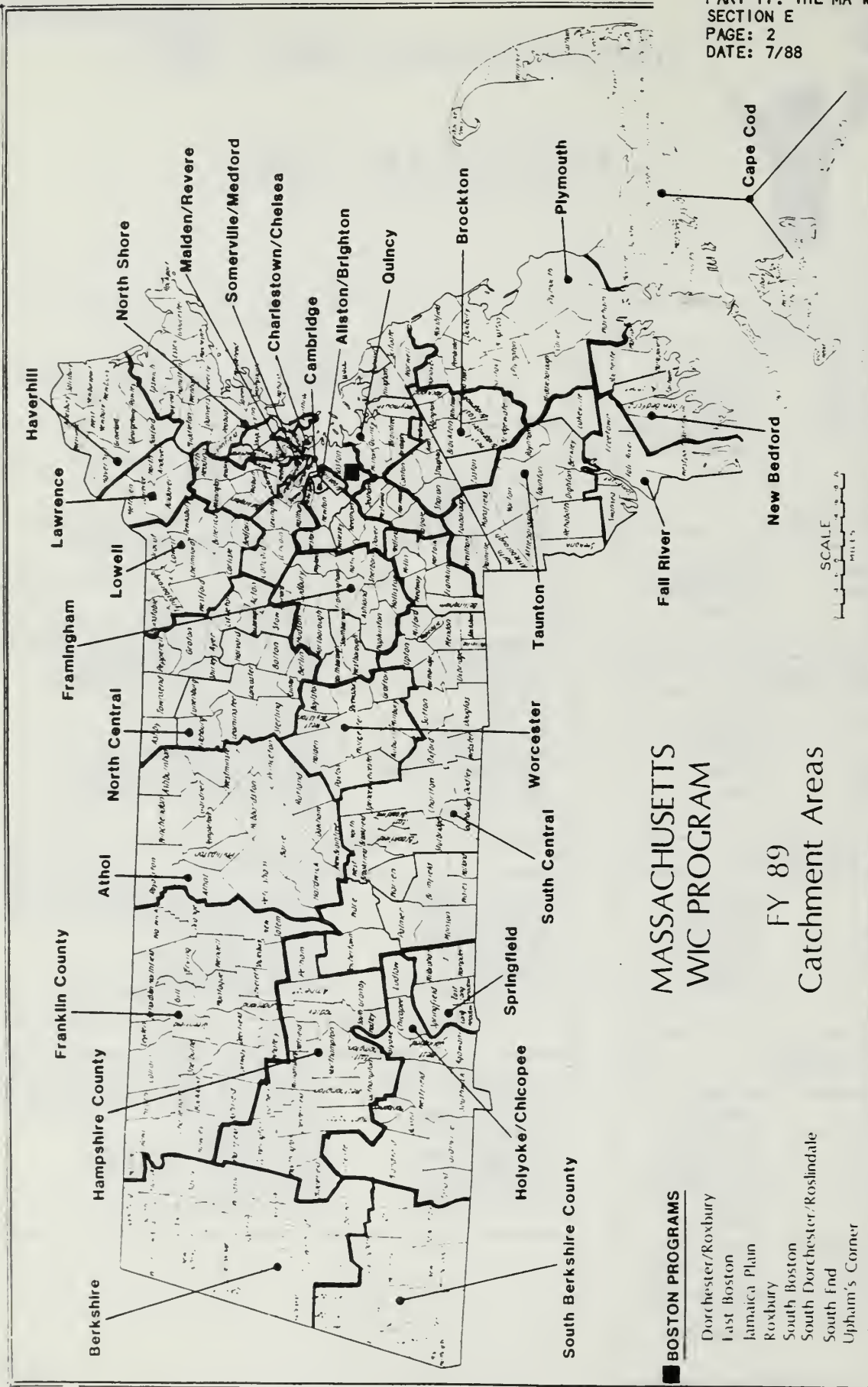
| | |
|--------------------|---|
| FLORENCE PETERSEN | Assistant Director: Program and Nutrition |
| Donna Dunkum | Assistant Program Manager |
| Taranah Milani | STP Project Field Coordinator |
| Joy Ngo | WIC Nutritionist |
| Carolyn Pano | Nutrition Specialist |
| Anne Pearson | Program Manager |
| Margaret Rankins | Nutrition Education Clerk |
| Constance Callahan | Administrative Assistant I |
| Jack Vondras | State Nutrition Coordinator |
| Barbara Ward | Graphic Artist |

FOOD DELIVERY

| | |
|-------------------|-----------------------------------|
| LUCY RICHARDSON | Assistant Director: Food Delivery |
| Suzanne Allen | Voucher System Manager |
| Mary Blocksidge | Vendor Manager |
| Marie Colas | Voucher Coordinator |
| Lucy Costa | Vendor Specialist |
| Anna Marie Rosher | Vendor Compliance Assistant |

FISCAL AND SYSTEMS

| | |
|--------------------|--|
| CHRISTINE CLEMENTS | Assistant Director: Systems and Fiscal |
| CAREY TORAN | Assistant Director: Systems and Fiscal |
| Beverly Andrew | Senior Accountant |
| Christine Hurley | Fiscal Manager |
| Pam Landrigan | Microcomputer Consultant |
| Ella Naydich | Grants Management Specialist |
| Dennis Sabourin | EDP Director |
| (to be hired) | Input/Output Coordinator |



WESTERN REGION

SECTION 3: STATE AGENCY OPERATIONS
PART II: THE MA WIC PROGRAM
SECTION E
PAGE: 3
DATE: 7/88

| PROGRAM/AGENCY | ADDRESS/TELEPHONE | SITES | STAFF |
|---|---|--|---|
| 1. Berkshire WIC Program Hillcrest Hospital | 07 Hillcrest Hospital 165 Tor Court Pittsfield, MA 01201 M-F 8:30-4:30 1st & 2nd Th 6-8 PHONE: (413) 443-4866/67 | 01 North Adams Tu-F 8-4:30 (413) 663-3012 02 Adams Comm Center 2nd Th 9-11 06 Dalton Comm Center 2nd W 10-11 08 Lee 1st & 3rd W 9-3:30 09 Women's Service Center Tu-Th 1-3 F 10-3 (413) 448-2611 | Lois Root - Program Director Verna Williams - Senior Nutritionist Penny Nopel - Nutritionist Melanie Feedman Nutritionist |
| 2. Franklin County WIC Program Franklin Medical Center/ Visiting Nurse and Health Services | 01 50 Miles Street Greenfield, MA 01301 M-F 8-4 PHONE: (413) 774-2302 | 03 Mohawk Valley Med Ctr 1st & 3rd W 9-4 08 Orange/Amory 2nd & 4th W 9-4 | Marilyn Gallant Gabriel - Program Director Louise Amyot - Senior Nutritionist |
| 3. Hampshire County WIC Program Hampshire County Home Care Services ----- After 9/1: Family Planning of Western MA | 01 243 King Street Northampton, MA 01060 W 9-4 3rd Tu 5-7 PHONE: (413) 584-3591 ----- 01 16 Center Street Northampton, MA 01060 PHONE: (413) 586-2016 | 02 Huntington 3rd F 1-4 - 03 Amherst M 8:30-4; 1st M 5-7 pm 04 Easthampton 1st, 2nd & 3rd Th 9-4 06 South Hadley 4th Th 9-4 ----- Same | Vicki Baum-Hommes and Jim Ireland - Program Directors Linda Sylvia - Senior Nutritionist ----- Same |
| 4. Holyoke/Chicopee WIC Program Valley Opportunity Council | 01 36 Center Street Chicopee, MA 01013 M-F 8-4:30 PHONE: (413) 592-4611 | 03 Holyoke Health Center M-F 8:30-5 (413) 538-8188 04 346 Main Street M-F 8:30-5 (413) 534-0291 05 Ludlow Th 8:30-11:30 06 Westfield M-Th 8:30-4:30 | Mary Golba - Program Director Anne Helst - Nutrition Coordinator Karen Geller - Sr. Nutritionist Janice Munsell - Nutritionist Benedict Onye - Nutritionist Celeste Rosselli - Nutritionist Jim Delfino - Nutritionist |
| 5. South Berkshire WIC Program Children's Health Program | 01 284 Main Street P.O. Box 30 Great Barrington, MA 01230 M 8:45-4 T-F 8:45-12 PHONE: (413) 528-0457 | | Debbie Phillips-Wikle - Program Director |
| 6. Springfield WIC Program Family Planning of Western MA | 01 39 Mulberry Street Springfield, MA 01109 M-F 8:30-5 PHONE: (413) 737-5142 & 45 | 02 Brightwood HC M/Th 8:30-4:30 04 7 Orleans Street M-F 8:30-4:30 | Janet Wolfe - Program Director Rolf Anderson - Senior Nutritionist Josa Long - Senior Nutritionist June Rychlik - Nutritionist |

CENTRAL REGION

| PROGRAM/AGENCY | ADDRESS/TELEPHONE | SITES | STAFF |
|---|--|--|--|
| 7. Athol WIC Program Human Resource Center for Rural Communities | 01 521 Main Street Athol, MA 01331 M-F 8-4 PHONE: (508) 249-2647 | 02 Gardner CAC 1st & 4th W 9-3:30 (508) 632-8700 03 Gardner VNA 1st & 3rd Th 9-3:30 04 Winchendon 2nd & 4th Tu 9-3:30 05 Barre 3rd Tu 9-3:30 | Ralph Bledsoe - Program Director Cathie Bowers-Holloway - Senior Nutritionist |
| 8. North Central WIC Program Pro Health | 05 283 Main Street Fitchburg, MA 01420 M-F 8:30-4:30 PHONE: (508) 345-6272 345-0368 | 01 Leominster M-W 8:30-4:30 02 Ayer Th 9-4 04 Clinton 1st T | Elizabeth Jackson - Program Director Susanne Cote - Senior Nutritionist Marsha Skey - Nutritionist |
| 9. South Central WIC Program Harrington Hospital | 01 G.B. Wells Human Service 29 Pine Street Southbridge, MA 01550 Tu-F 8:30-4:30 PHONE: (508) 765-9167 x205 | 02 Ware alternate M/Th/F (413) 967-6211 x163 11 Webster M/Th/F 8:30-4:30 (508) 943-6183 13 Milford T-Th 8:30-4:30 (508) 478-2394 | Judith Jones - Program Director (to be hired) - Senior Nutritionist Jennifer Chronchio - Nutritionist |
| 10. Worcester WIC Program Family Health and Social Service Center | 02 875 Main Street Worcester, MA 01610 M-F 8:30-5 PHONE: (508) 756-3528 ext 319, 320 | 01 Great Brook Valley W/Th 8:30-5 (508) 852-1805 x129 03 SAMS Program 1st F 04 Grafton 1st Tu 9-3 | Jane Dvorak - Nutritionist/Director Diana Simonelli - Senior Nutritionist Farideh Touysserkani - Nutritionist |

NORTHEAST REGION

| PROGRAM/AGENCY | ADDRESS/TELEPHONE | SITES | STAFF |
|---|--|---|---|
| 11. Haverhill WIC Program Community Action, Inc. | 03 25 Locust Street Haverhill, MA 01832 M-F 8-5; evening hours as needed PHONE: (508) 373-1971 | 01 Newburyport 2nd Tu 9-5 02 Amesbury M-Th 8-6 (508) 388-2570 | Russell Clift - Program Director (to be hired) - Senior Nutritionist Rosalie Wilkins - Nutritionist |
| 12. Lawrence WIC Program Greater Lawrence Community Action Council | 01 350 Essex Street Lawrence, MA 01840 M-F 8:30-5 PHONE: (508) 686-4620 | | Evelyn Kocher-Ahern - Nutritionist/Director Grace Green - Senior Nutritionist Mary Lou Emmett - Nutritionist Kiley Allcan - Nutritionist |
| 13. Lowell WIC Program Community Teamwork | 01 117 Perry Street Lowell, MA 01852 M/F 9-4:30 Tu/Th 9-1 W 9-6 PHONE: (508) 454-6397 | 02 Billerica 2nd & 4th Tu 9-4:30 03 Lowell General Hospital Prenatal Clinic F 7:30-12 04 JKF Civic Center Tu 9-1 | Patricia Murphy - Director Ellen Goldman - Senior Nutritionist Elaine Mazzellis - Nutritionist Darlene Loucraft - Nutritionist |
| 14. Malden/Revere WIC Program Malden Hospital | 01 Malden Hospital Room 406 Hospital Road Malden, MA 02148 M-F 9-3:30 PHONE: (617) 322-7560 x 5483 | 02 Revere M/W/Th 9-3:30 (617) 289-9448 03 Wakefield 2nd & 4th Tu 9-12 | Maria Cancel-Serra - Nutritionist/Director Ellyn Baltz - Senior Nutritionist Annette Zucco - Nutritionist |
| 15. North Shore WIC Program Lynn Community Health Center | 01 86 Lafayette Park Lynn, MA 01902 M-Th 9-7 F 9-5 Mailing Address: Lynn Community Health Ctr. P.O. Box 526 Lynn, MA 01901 PHONE: (617) 581-3900 | 02 Salem Tu/W 9-5 (508) 744-2626 03 Peabody M/Th 9-5 (508) 532-1343 04 Beverly W/Th 9-5 (508) 922-2110 05 Gloucester M/Tu 9-5 (508) 281-4540 06 Ipswich 2nd & 4th F 9-5 07 Danvers 1st & 3rd F 9-5 | Mio Georges - Program Director Ann Marie Restuccia - Nutrition Supervisor Anne Tomchik - Sr. Nutritionist Linda Scollin-Sullivan - Nutritionist Susan Gould - Nutritionist Jane Becker - Nutritionist Marie Rodriguez - Nutritionist |

SOUTHEAST REGION

| PROGRAM/AGENCY | ADDRESS/TELEPHONE | SITES | STAFF |
|---|---|---|--|
| 16. Brockton WIC Program Brockton Area Multi-Services, Inc. | 01 33 Adams Street Brockton, MA 02402 M-F 8-4; late hours by appointment PHONE: (508) 588-8241 | 03 Rockland 3x/mo 10-3 | Erica Krull - Nutritionist/Director Simone Rubenstein - Senior Nutritionist Laura Boncsangl - Nutritionist Marlene Clark - Nutritionist |
| 17. Cape Cod WIC Program Health Care of Southeastern MA, Inc. | 01 1 Elm Street Hyannis, MA 02601 M-F 8:30-4:30 PHONE: (508) 771-7896 | 01 Martha's Vineyard 1st & 2nd F 9-4 03 Falmouth M-W 8:30-4 (508) 540-6295 04 Mashpee a 3rd Th (508) 477-2808 04 Mashpee Tribal Council b 2nd Th 9-12:30 05 Provincetown 1st Tu 10-4 06 Nantucket 2nd Th 07 Otis AFB 1st & 2nd W 9-4 | Liz Westwater - Program Director Jenny Yi - Senior Nutritionist Terece Horton - Nutritionist |
| 18. Fall River WIC Program Fall River Community Development Service Center, Inc. | 01 102 County Street Fall River, MA 02723 M-F 9-5 PHONE: (508) 679-8111 | | Colleen Kenyon - Program Director Carol Weber - Senior Nutritionist Nancy Matheny - Nutritionist Mary Medeiros - Nutritionist |
| 19. New Bedford WIC Program Greater New Bedford Community Health Center | 01 95 Cedar Street New Bedford, MA 02740 M-F 8-5 PHONE: (508) 997-1500 | 02 North End Comm Center 2nd W/Th 9-3 03 Greater New Bedford Community Health Center Tu 6-8:30 pm | Pamela Kavanaugh - Nutritionist/Director Darlene Dymsha - Senior Nutritionist Polly Mitchell - Nutritionist Alicia Fortler Nutritionist |
| 20. Plymouth WIC Program Health Care of Southeastern MA, Inc. | 01 98 Court Street Plymouth, MA 02360 M/T/Th/F 8-4 W 8-6 PHONE: (508) 747-4933 | 02 Wareham T-Th 8-4 (508) 295-0056 03 Middleboro 1st & 2nd M 9-3 04 Marshfield 3rd & 4th M 10-6 | Sharon Turner Program Director Sally Ayotte - Senior Nutritionist Geraldine Dias Nutritionist |
| 21. Taunton WIC Program Citizens for Citizens, Inc. | 01 80-86 Main Street Taunton, MA 02780 M-F 9-4:30 PHONE: (508) 823-6346 | 04 Attleboro M-Th 9-4:30 (508) 226-4543, 4544 | Karen Swass - Program Director Peggy Coughlin - Senior Nutritionist Catheline Catalano - Nutritionist |

BOSTON AREA

| PROGRAM/AGENCY | ADDRESS/TELEPHONE | SITES | STAFF |
|--|--|---|--|
| 22. Allston/Brighton WIC Program St. Elizabeth's Hospital | 03 736 Cambridge Street Brighton, MA 02135 M/Tu 9-5 W 1-5:45 Th 9-1 F 9-3 PHONE: (617) 789-2439 | 04 Watertown Th 9-12 06 Newton 1st T 1-4:30 07 Needham 4th F 9-4 | Jane Hodgins - Program Director Karen Blom - Senior Nutritionist |
| 23. Cambridge WIC Program The Cambridge Hospital | 03 Windsor Clinic 105 Windsor Street Cambridge MA 02139 M/W/Th/F 9-5 Tu 9-6 PHONE: (617) 498-1091 | 07 North Cambridge T/W 9-5 (617) 661-4084 08 Waltham W 9-3:30 F 9-2:30 (617) 647-6508 09 East Cambridge 1st M 1-4 (617) 561-4084 | Monique Legros - Nutritionist/Director Liz Frucht - Senior Nutritionist Kathy Gawilk - Nutritionist Mary Heynal - Nutritionist |
| 24. Charlestown/Chelsea WIC Program MGH Health Care Centers | 01 Bunker Hill Health Ctr. 73 High Street Charlestown, MA 02129 M-Th 9-4:30 PHONE: (617) 242-5740 | 02 Chelsea Memorial H.C. M/Th/F 9-5 Tu 9-7:30 (617) 884-8300 x 340 03 Revere M-F 9-5 (617) 284-0064 | Lexana Arnett - Nutritionist/Director Pat Marshall - Nutrition Assistant/ Coordinator Lori Lieberman - Senior Nutritionist Janet Yost - Nutritionist |
| 25. Dorchester/Roxbury WIC Program Harvard Street Neighbor- hood Health Center | 01 632 Blue Hill Avenue Charles Drew Building Dorchester, MA 02124 M/Tu/Th/F 8:30-4:30 W 1-9 PHONE: (617) 825-3400 x 215 | 02 Roxbury Comprehensive Community H.C. M/Tu/Th/F 9-5 W 9-8:30 (617) 442-7400 | Crystal Palmer - Nutritionist/Director Ellen Davis - Senior Nutritionist Bonnie Braitwaith - Nutritionist Silvia Nunez - Nutritionist |
| 26. East Boston WIC Program East Boston Neighborhood Health Center | 01 145 Meridian Street East Boston, MA 02128 M-F 8:30-4:30 <u>Mailing Address:</u> 10 Gove Street East Boston, MA 02128 PHONE: (617) 569-5505 or (617) 569-5800 x 295 | | Leah Frost - Nutritionist/Director Carol Breed - Senior Nutritionist |

BOSTON AREA (cont.)

| PROGRAM/AGENCY | ADDRESS/TELEPHONE | SITES | STAFF |
|---|---|--|--|
| 27. Framingham WIC Program South Middlesex Opportunity Council | 02 3 Deloss Place Framingham, MA 01701 M/W/F 9-5 PHONE: (508) 620-1445, 46 | 01 Framingham Union Hosp Th 9-12 alternate F 9-12 alternate Tu 6-8 pm 03 Marlborough Hospital a M 9-4:30 (508) 485-1121 x346 03 Marlboro Resource Ctr b Tu 9-12 04 Leonard Morse Hospital 1st & 3rd W 9-12 05 Maynard Elk Club 2nd & 4th Tu 12:30-4:30 | Marla Bettencourt - Program Director Julie Pocost - Senior Nutritionist |
| 28. Jamaica Plain WIC Program Brookside Park Health Center | 01 3297 Washington Street Jamaica Plain, MA 02130 M/W/Th/F 8:30-5 Tu 8:30-7 PHONE: (617) 522-4700 x 227, 228 | 02 Southern Jamaica Plain Health Center M-Th 8:30-4:30 (617) 522-5900 03 Martha Elliot H.C. M-F 8:30-5 (617) 522-5300 | Marla Dievler - Nutritionist/Director Myrta Montejo - Nutrition Assistant/ Coordinator Vicki Godin - Senior Nutritionist Mary Paley - Nutritionist Margo Simon - Nutritionist Susan Wolfe - Nutritionist |
| 29. Quincy WIC Program Quincy City Hospital | 01 114 Whitwell Street Quincy, MA 02169 M-F 8-4:15 M 2x/mo 8-6 PHONE: (617) 770-4242 (617) 773-6100 x4190 | 02 Hull Medical Center 2x/mo 9-12 03 Dedham 2x/mo 9-12 04 Weymouth 2x/mo 9-12 05 Norwood 2x/mo 9-12 | Irene Van Rompay - Nutritionist/Director Julie Schaeffer - Senior Nutritionist Marie Keenan - Nutritionist |
| 30. Roxbury WIC Program Whittier Street Health Center | 01 20 Whittier Street Roxbury, MA 02120 M 9-5 Tu/W/Th 9-12:30, 2-6:30 F 9-12:30 PHONE: (617) 427-1000 x33, x51, x52 | 02 Parker Hill/Fenway M-Th 9-5 F 9-12:30 (617) 442-0400 04 Roxbury APAC Tu/Th 10-5 (617) 442-5900 05 Boston City Hosp M-Th 9-4:30 F 9-12:30 (617) 424-5000 x3370 | Claudette Johnson - Program Director Michelle Harris - Senior Nutritionist Suzanne Richardson - Nutritionist |

BOSTON AREA (cont.)

| PROGRAM/AGENCY | ADDRESS/TELEPHONE | SITES | STAFF |
|--|---|--|---|
| 31. Somerville/Medford WIC Program Somerville Hospital | 04 Somerville Hospital 230 Highland Avenue Somerville, MA 02143 M/W/F 9-5 Tu/Th 9-6:45 PHONE: (617) 666-4523 or 666-4400 x140 | 01 Mystic Health Center T/Th 9-5 (617) 623-8686 03 Wilmington Regional HC F 9-5 (508) 657-3910 05 Union Square W 9-5 (617) 628-2161 07 Lawrence Memorial Hospital, Medford M 11:30-6:45 Tu/W 9-5 (617) 391-2753 09 Choate Hospital, Woburn M/Th 9-5 (617) 938-8790 | Regina Cantella - Nutritionist/Director Lori Geller - Senior Nutritionist Jane Pierce - Nutritionist Nancy Kerr - Nutritionist Carol Maffucci - Nutritionist |
| 32. South Boston WIC Program South Boston Community Health Center | 02 133 Dorchester Street South Boston, MA 02127 M/T/F 9-5 W/Th 9-9 PHONE: (617) 269-7500 | 01 McCormack Health Center M/Tu/Th 9-4 W 9-2 (617) 288-1140 03 Multi-Service Center 1st Th 9-12:30 | Anne Greene - Program Director Joanne Arsenault - Senior Nutritionist Stella Seeley - Nutritionist |
| 33. South Dorchester/ Roslindale WIC Program Neponset Health Center | 01 Neponset Health Center 398 Neponset Avenue Dorchester, MA 02122 M-Th 8:30-5 W 10-6:30 PHONE: (617) 265-0982 | 02 Mattapan Health Center M/Tu/F 8:30-5 W/Th 10-6:30 (617) 296-3236 03 Roslindale Health Ctr M/Tu/Th/F 8:30-5 W 10-6:30 (617) 323-4649 | Eugenia D. Bodenlos - Nutritionist/Director (to be hired) - Senior Nutritionist Laraine Groves - Nutritionist |
| 34. South End WIC Program South End Community Health Center | 01 385 Shawmut Avenue Boston, MA 02118 M-F 9-4:45 <u>Mailing Address:</u> South End Community H.C. 400 Shawmut Avenue Boston, MA 02118 PHONE: (617) 266-7492 (617) 266-7308 | 02 South Cove HC M-F 9-5 Sa 9-1 (617) 482-7555 03 Dimock Street HC Tu/Th 10-4 (617) 442-9650 | Rhonda Dickson - Program Director Joanna Douglas - Senior Nutritionist Alice Ng - Nutritionist |

BOSTON AREA (cont.)

| PROGRAM/AGENCY | ADDRESS/TELEPHONE | SITES | STAFF |
|-----------------------------------|--|---|---|
| 35. Upham's Corner WIC Program | 01 547 Columbia Road Dorchester, MA 02125 M/Tu/W/F 8-5 Th 8-8 <u>Mailing Address:</u> 500 Columbia Road Dorchester, MA 02125 | 02 Little House HC Tu 9-5 (617) 282-3700 03 Bowdoin Street HC 1st W 9-11 07 Codman Square HC W 9-5 3rd & 4th Th 9-12 (617) 825-9883 09 Dorchester House HC Th 9-5 (617) 288-3230 | Joyce Kidd - Program Director Marilyn Kuchn - Nutrition Coordinator Barbara Smith - Senior Nutritionist Esperanza Mendez - Nutritionist Nancy Farrell - Nutritionist |
| Upham's Corner Health Center | PHONE: (617) 825-8994 | | |

Massachusetts WIC Program

TOWN/PROGRAM REFERENCE LIST

| CITY/TOWN | PROGRAM | CITY/TOWN | PROGRAM |
|----------------------|-----------------------------|---------------|---------------------|
| Abington | BROCKTON | Bourne | CAPE COD |
| Acton | NORTH CENTRAL | Boxboro | NORTH CENTRAL |
| Acushnet | NEW BEDFORD | Boxford | HAVERHILL |
| Adams | BERKSHIRE | Boylston | WORCESTER |
| Agawam | HOLYOKE/CHICOPEE | Braintree | QUINCY |
| Alford | SOUTH BERKSHIRE | Brewster | CAPE COD |
| Amesbury | HAVERHILL | Bridgewater | BROCKTON |
| Amherst | HAMPSHIRE COUNTY | Brimfield | SOUTH CENTRAL |
| Andover | LAWRENCE | Brockton | BROCKTON |
| Arlington | CAMBRIDGE | Brookfield | SOUTH CENTRAL |
| Ashburnham | ATHOL | Brookline | ALLSTON/BRIGHTON |
| Ashby | NORTH CENTRAL | Buckland | FRANKLIN COUNTY |
| Ashfield | FRANKLIN COUNTY | Burlington | SOMERVILLE/MEDFORD |
| Ashland | FRAMINGHAM | Cambridge | CAMBRIDGE |
| Athol | ATHOL | Canton | BROCKTON |
| Attleboro | TAUNTON | Carlisle | LOWELL |
| Auburn | WORCESTER | Carver | PLYMOUTH |
| Avon | BROCKTON | Charlemont | FRANKLIN COUNTY |
| Ayer | NORTH CENTRAL | Charlton | SOUTH CENTRAL |
| Barnstable | CAPE COD | Chatham | CAPE COD |
| Barre | ATHOL | Chelmsford | LOWELL |
| Becket | BERKSHIRE | Chelsea | CHARLESTOWN/CHELSEA |
| Bedford | LOWELL | Cheshire | BERKSHIRE |
| Belchertown | SOUTH CENTRAL | Chester | HOLYOKE/CHICOPEE |
| Bellingham | SOUTH CENTRAL | Chesterfield | HAMPSHIRE COUNTY |
| Belmont | CAMBRIDGE | Chicopee | HOLYOKE/CHICOPEE |
| Berkley | TAUNTON | Chilmark | CAPE COD |
| Berlin | NORTH CENTRAL | Clarksburg | BERKSHIRE |
| Bernardston | FRANKLIN COUNTY | Clinton | NORTH CENTRAL |
| Beverly | NORTH SHORE | Cohasset | QUINCY |
| Billerica | LOWELL | Colrain | FRANKLIN COUNTY |
| Blackstone | SOUTH CENTRAL | Concord | CAMBRIDGE |
| Blandford | HOLYOKE/CHICOPEE | Conway | FRANKLIN COUNTY |
| Bolton | NORTH CENTRAL | Cumington | HAMPSHIRE COUNTY |
| BOSTON NEIGHBORHOODS | | Dalton | BERKSHIRE |
| Allston | ALLSTON/BRIGHTON | Danvers | NORTH SHORE |
| Boston | SOUTH END | Dartmouth | NEW BEDFORD |
| Brighton | CHARLESTOWN/CHELSEA | Dedham | QUINCY |
| Charlestown | SOUTH END | Deerfield | FRANKLIN COUNTY |
| Dorchester | ALLSTON/BRIGHTON | Dennis | CAPE COD |
| E Boston | SOUTH END | Dighton | TAUNTON |
| Hyde Park | CHARLESTOWN/CHELSEA | Douglas | SOUTH CENTRAL |
| Jamaica Plain | DORCHESTER/ROXBURY | Dover | ALLSTON/BRIGHTON |
| Mattapan | SOUTH BOSTON | Dracut | LOWELL |
| Roslindale | UPHAM'S CORNER | Dudley | SOUTH CENTRAL |
| Roxbury | EAST BOSTON | Dunstable | LOWELL |
| S Boston | SOUTH DORCHESTER/ROSLINDALE | Duxbury | PLYMOUTH |
| W Roxbury | JAMAICA PLAIN | E Bridgewater | BROCKTON |
| | DORCHESTER/ROXBURY | E Brookfield | SOUTH CENTRAL |
| | SOUTH DORCHESTER/ROSLINDALE | E Longmeadow | SPRINGFIELD |
| | JAMAICA PLAIN | Eastham | CAPE COD |
| | ROXBURY | Easthampton | HAMPSHIRE COUNTY |
| | SOUTH DORCHESTER/ROSLINDALE | Easton | BROCKTON |
| | DORCHESTER/ROXBURY | Edgartown | CAPE COD |
| | JAMAICA PLAIN | Egremont | SOUTH BERKSHIRE |
| | ROXBURY | Erving | FRANKLIN COUNTY |
| | SOUTH BOSTON | Essex | NORTH SHORE |
| | SOUTH DORCHESTER/ROSLINDALE | Everett | MALDEN/REVERE |
| | | Fairhaven | NEW BEDFORD |
| | | Fall River | FALL RIVER |
| | | Falmouth | CAPE COD |
| | | Fitchburg | NORTH CENTRAL |

| CITY/TOWN | PROGRAM | CITY/TOWN | PROGRAM |
|------------------|------------------|------------------|---|
| Florida | BERKSHIRE | Lynn | NORTH SHORE |
| Foxboro | TAUNTON | Lynnfield | NORTH SHORE |
| Framlingham | FRAMINGHAM | Malden | MALDEN/REVERE |
| Franklin | SOUTH CENTRAL | Manchester | NORTH SHORE |
| Freetown | FALL RIVER | Mansfield | TAUNTON |
| Gardner | ATHOL | Marblehead | NORTH SHORE |
| Gay Head | CAPE COD | Marion | NEW BEDFORD |
| Georgetown | HAVERHILL | Marlboro | FRAMINGHAM |
| Gill | FRANKLIN COUNTY | Marshfield | PLYMOUTH |
| Gloucester | NORTH SHORE | Mashpee | CAPE COD |
| Goshen | HAMPSHIRE COUNTY | Mattapolsett | NEW BEDFORD |
| Gosnold | CAPE COD | Maynard | FRAMINGHAM |
| Grafton | WORCESTER | Medfield | SOUTH CENTRAL |
| Granby | HAMPSHIRE COUNTY | Medford | MALDEN/REVERE and SOMERVILLE/MEDFORD |
| Granville | HOLYOKE/CHICOPEE | Medway | SOUTH CENTRAL |
| Great Barrington | SOUTH BERKSHIRE | Melrose | MALDEN/REVERE |
| Greenfield | FRANKLIN COUNTY | Mendon | SOUTH CENTRAL |
| Groton | NORTH CENTRAL | Merrimac | HAVERHILL |
| Groveland | HAVERHILL | Methuen | LAWRENCE |
| Hadley | HAMPSHIRE COUNTY | Middleboro | PLYMOUTH |
| Hallifax | PLYMOUTH | Middlefield | HAMPSHIRE COUNTY |
| Hamilton | NORTH SHORE | Middleton | NORTH SHORE |
| Hampden | SPRINGFIELD | Milford | SOUTH CENTRAL |
| Hancock | BERKSHIRE | Millbury | WORCESTER |
| Hanover | PLYMOUTH | Mills | SOUTH CENTRAL |
| Hanson | PLYMOUTH | Millville | SOUTH CENTRAL |
| Hardwick | ATHOL | Milton | QUINCY |
| Harvard | NORTH CENTRAL | Monroe | FRANKLIN COUNTY |
| Harwich | CAPE COD | Monson | SOUTH CENTRAL |
| Hatfield | HAMPSHIRE COUNTY | Montague | FRANKLIN COUNTY |
| Haverhill | HAVERHILL | Monterey | SOUTH BERKSHIRE |
| Hawley | FRANKLIN COUNTY | Montgomery | HOLYOKE/CHICOPEE |
| Heath | FRANKLIN COUNTY | Mount Washington | SOUTH BERKSHIRE |
| Hingham | QUINCY | N Adams | BERKSHIRE |
| Hinsdale | BERKSHIRE | N Andover | LAWRENCE |
| Holbrook | BROCKTON | N Attleboro | TAUNTON |
| Holden | WORCESTER | N Brookfield | SOUTH CENTRAL |
| Holland | SOUTH CENTRAL | N Reading | SOMERVILLE/MEDFORD |
| Holliston | FRAMINGHAM | Nahant | NORTH SHORE |
| Holyoke | HOLYOKE/CHICOPEE | Nantucket | CAPE COD |
| Hopedale | SOUTH CENTRAL | Natick | FRAMINGHAM |
| Hopkinton | FRAMINGHAM | Needham | ALLSTON/BRIGHTON |
| Hubbardston | ATHOL | New Ashford | BERKSHIRE |
| Hudson | FRAMINGHAM | New Bedford | NEW BEDFORD |
| Hull | QUINCY | New Braintree | ATHOL |
| Huntington | HAMPSHIRE COUNTY | New Marlboro | SOUTH BERKSHIRE |
| Ipswich | NORTH SHORE | New Salem | FRANKLIN COUNTY |
| Kingston | PLYMOUTH | Newbury | HAVERHILL |
| Lakeville | TAUNTON | Newburyport | HAVERHILL |
| Lancaster | NORTH CENTRAL | Newton | ALLSTON/BRIGHTON |
| Lanesboro | BERKSHIRE | Norfolk | SOUTH CENTRAL |
| Lawrence | LAWRENCE | Northampton | HAMPSHIRE COUNTY |
| Lee | BERKSHIRE | Northboro | FRAMINGHAM |
| Leicester | WORCESTER | Northbridge | SOUTH CENTRAL |
| Lenox | BERKSHIRE | Northfield | FRANKLIN COUNTY |
| Leominster | NORTH CENTRAL | Norton | TAUNTON |
| Leverett | FRANKLIN COUNTY | Norwell | QUINCY |
| Lexington | CAMBRIDGE | Norwood | QUINCY |
| Leyden | FRANKLIN COUNTY | Oak Bluffs | CAPE COD |
| Lincoln | CAMBRIDGE | Oakham | ATHOL |
| Littleton | NORTH CENTRAL | Orange | FRANKLIN COUNTY |
| Longmeadow | SPRINGFIELD | Orleans | CAPE COD |
| Lowell | LOWELL | Otis | SOUTH BERKSHIRE |
| Ludlow | HOLYOKE/CHICOPEE | Oxford | SOUTH CENTRAL |
| Lunenburg | NORTH CENTRAL | | |

TOWN/PROGRAM REFERENCE LIST, p. 3

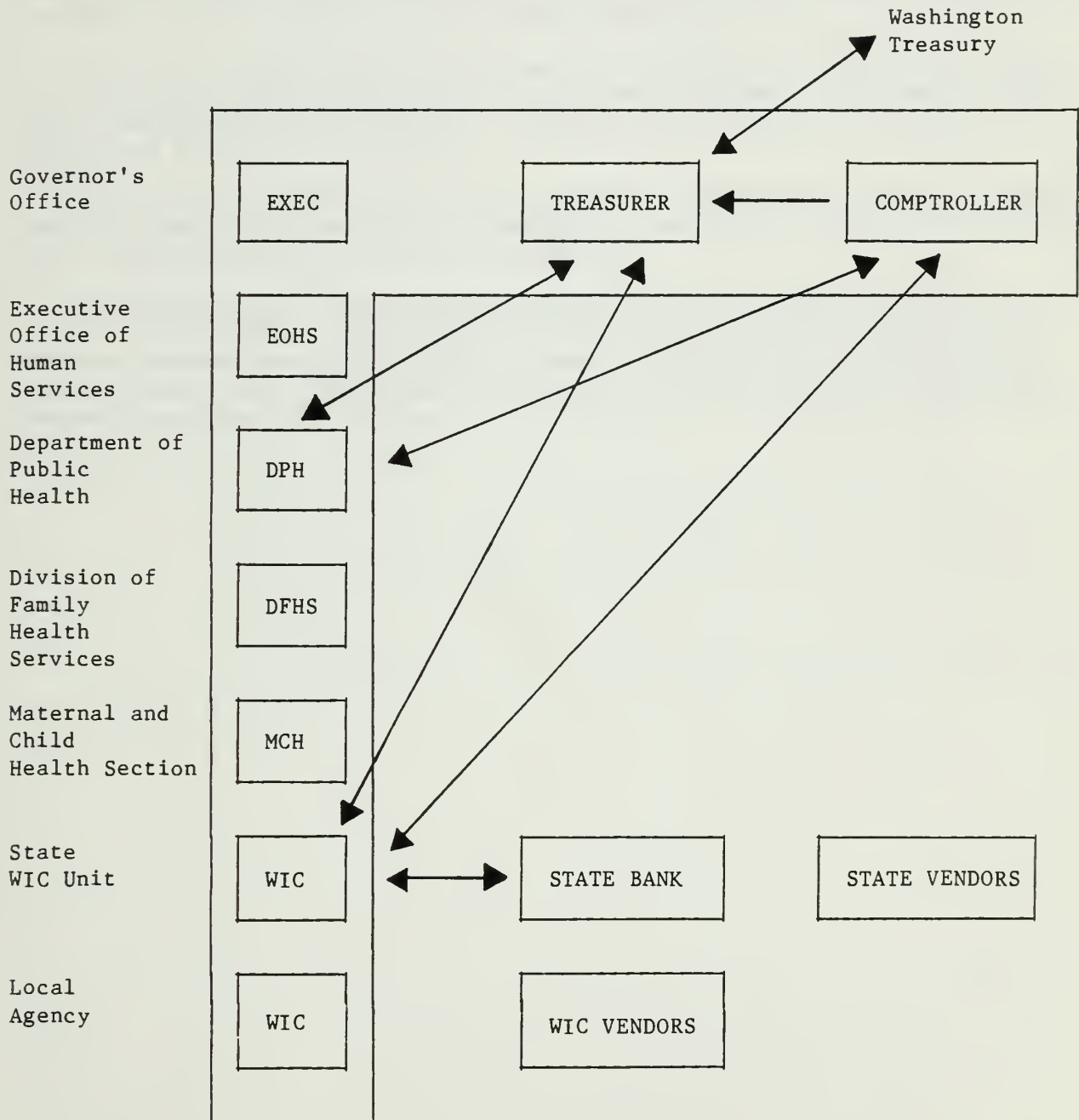
| CITY/TOWN | PROGRAM | CITY/TOWN | PROGRAM |
|--------------|--|---------------|--------------------|
| Palmer | SOUTH CENTRAL | Sunderland | FRANKLIN COUNTY |
| Paxton | WORCESTER | Sutton | SOUTH CENTRAL |
| Peabody | NORTH SHORE | Swampscott | NORTH SHORE |
| Pelham | HAMPSHIRE COUNTY | Swansea | FALL RIVER |
| Pembroke | PLYMOUTH | Taunton | TAUNTON |
| Pepperell | NORTH CENTRAL | Templeton | ATHOL |
| Peru | BERKSHIRE | Tewksbury | LOWELL |
| Petersham | ATHOL | Tisbury | CAPE COD |
| Phillipston | ATHOL | Tolland | HOLYOKE/CHICOPEE |
| Pittsfield | BERKSHIRE | Topsfield | NORTH SHORE |
| Plainfield | HAMPSHIRE COUNTY | Townsend | NORTH CENTRAL |
| Plainville | TAUNTON | Truro | CAPE COD |
| Plymouth | PLYMOUTH | Tyngsboro | LOWELL |
| Plympton | PLYMOUTH | Tyringham | SOUTH BERKSHIRE |
| Princeton | ATHOL | Upton | SOUTH CENTRAL |
| Provincetown | CAPE COD | Uxbridge | SOUTH CENTRAL |
| Quincy | QUINCY | W Boylston | WORCESTER |
| Randolph | QUINCY | W Bridgewater | BROCKTON |
| Raynham | TAUNTON | W Brookfield | SOUTH CENTRAL |
| Reading | SOMERVILLE/MEDFORD | W Newbury | HAVERHILL |
| Rehoboth | TAUNTON | W Springfield | HOLYOKE/CHICOPEE |
| Revere | MALDEN/REVERE and CHARLESTOWN/CHELSEA | W Stockbridge | SOUTH BERKSHIRE |
| Richmond | BERKSHIRE | W Tisbury | CAPE COD |
| Rochester | NEW BEDFORD | Wakefield | MALDEN/REVERE |
| Rockland | BROCKTON | Wales | SOUTH CENTRAL |
| Rockport | NORTH SHORE | Walpole | QUINCY |
| Rowe | FRANKLIN COUNTY | Waltham | CAMBRIDGE |
| Rowley | HAVERHILL | Ware | SOUTH CENTRAL |
| Royalston | ATHOL | Wareham | PLYMOUTH |
| Russell | HOLYOKE/CHICOPEE | Warren | SOUTH CENTRAL |
| Rutland | ATHOL | Warwick | FRANKLIN COUNTY |
| S Hadley | HAMPSHIRE COUNTY | Washington | BERKSHIRE |
| Salem | NORTH SHORE | Watertown | ALLSTON/BRIGHTON |
| Salisbury | HAVERHILL | Wayland | FRAMINGHAM |
| Sandisfield | SOUTH BERKSHIRE | Webster | SOUTH CENTRAL |
| Sandwich | CAPE COD | Wellesley | ALLSTON/BRIGHTON |
| Saugus | MALDEN/REVERE | Wellfleet | CAPE COD |
| Savoy | BERKSHIRE | Wendell | FRANKLIN COUNTY |
| Scituate | QUINCY | Wenham | NORTH SHORE |
| Seekonk | TAUNTON | Westboro | FRAMINGHAM |
| Sharon | BROCKTON | Westfield | HOLYOKE/CHICOPEE |
| Sheffield | SOUTH BERKSHIRE | Westford | LOWELL |
| Shelburne | FRANKLIN COUNTY | Westhampton | HAMPSHIRE COUNTY |
| Sherborn | FRAMINGHAM | Westminster | ATHOL |
| Shirley | NORTH CENTRAL | Weston | ALLSTON/BRIGHTON |
| Shrewsbury | WORCESTER | Westport | FALL RIVER |
| Shutesbury | FRANKLIN COUNTY | Westwood | QUINCY |
| Somerset | FALL RIVER | Weymouth | QUINCY |
| Somerville | SOMERVILLE/MEDFORD | Whately | FRANKLIN COUNTY |
| Southampton | HAMPSHIRE COUNTY | Whitman | BROCKTON |
| Southboro | FRAMINGHAM | Wilbraham | SPRINGFIELD |
| Southbridge | SOUTH CENTRAL | Williamsburg | HAMPSHIRE COUNTY |
| Southwick | HOLYOKE/CHICOPEE | Williamstown | BERKSHIRE |
| Spencer | SOUTH CENTRAL | Wilmington | SOMERVILLE/MEDFORD |
| Springfield | SPRINGFIELD | Winchedon | ATHOL |
| Sterling | NORTH CENTRAL | Winchester | SOMERVILLE/MEDFORD |
| Stockbridge | SOUTH BERKSHIRE | Windsor | BERKSHIRE |
| Stoneham | SOMERVILLE/MEDFORD | Winthrop | MALDEN/REVERE |
| Stoughton | BROCKTON | Woburn | SOMERVILLE/MEDFORD |
| Stow | NORTH CENTRAL | Worcester | WORCESTER |
| Sturbridge | SOUTH CENTRAL | Worthington | HAMPSHIRE COUNTY |
| Sudbury | FRAMINGHAM | Wrentham | TAUNTON |
| | | Yarmouth | CAPE COD |

FISCAL

The Governor's Office delegates control of money coming into the state to the Treasurer and the Comptroller. Within the Executive Office of Human Services, the Department of Public Health provides WIC services through the Bureau of Community Health Programs.

ADMINISTRATIVE COMPONENTS

The following graphic depicts the administrative components of the Massachusetts WIC Program fiscal system.



ADMINISTRATIVE FISCAL CONTROLS WITHIN THE WIC PROGRAM

The Department of Public Health has an Accounting Division which oversees the flow of all state and federal dollars into the Department. This Division oversees all the draw-down and reconciliation data, disburses checks to local agencies and State vendors, oversees payroll and personnel costs, and maintains a complete set of records for all these transactions.

Within the Accounting Division, the Central Contract Unit oversees purchase of service procurement and contracting for the Department. This unit and WIC fiscal staff monitor WIC contracts, amendments and invoices for adherence to Department policies and procedures.

The state WIC office Fiscal unit coordinates the Federal and State systems, including the state treasurer and comptroller, designated state administrative units, disbursing banks, and local providers.

The Fiscal unit is responsible for maintaining the accountability of the entire fiscal system. This system of accountability controls how the WIC Program receives money from USDA, how money is disbursed for State and local administrative costs, how money is disbursed for WIC food costs, and how all these transactions are recorded.

DRAW-DOWN PROCEDURES

After the USDA has authorized a formal Letter of Credit, WIC Program funds are drawn and disbursed weekly in the following way:

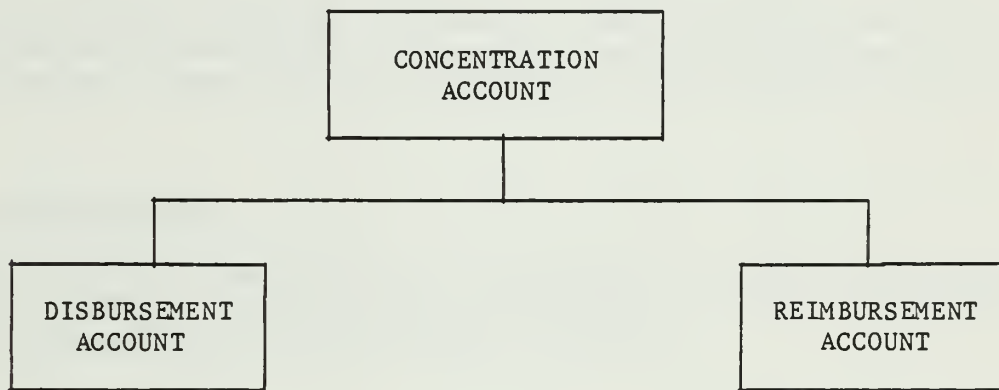
- STEP ONE: The state WIC office completes Form 5805a, "Request for Payment" and sends the form to the Massachusetts State Treasury. The Treasury submits the request through its bank of receipt for a wire transfer of funds from the Washington treasury for the amount requested. Withdrawals from the Letter of Credit do not exceed cash needs.
- STEP TWO: The State Treasurer's Office notifies the state WIC office that the money requested has arrived, and gives the Fiscal unit a cash sheet date on a date-stamped cash receipt (CR).
- STEP THREE: The state WIC office completes a "Request for Advance" (RA) and submits it to the State Comptroller's Office. This is a request for funds to be disbursed to cover payment to local WIC food vendors and pharmacies. The balance of funds is left with the State Treasury to pay state WIC agency operational expenses and to cover local WIC program administrative expenses.
- STEP FOUR: At the Comptroller's Office, the Requests are listed on a Warrant. If the Comptroller's Office receives the Request before Monday afternoon, it will appear on the next Warrant. The Warrant must be approved by the Governor's Council which meets every Wednesday to approve requests for funds.
- STEP FIVE: Once approval of the Warrant is confirmed, money is wired to the WIC Program's bank account. Funds are then disbursed to WIC food vendors and pharmacies through standard procedures.

DISBURSEMENT PROCEDURES

The state WIC office reimburses local WIC agencies with funds to cover each month's documented WIC Program operating expenses. The state WIC office does not disburse funds to local WIC agencies to cover food or voucher system costs; both of these costs are handled centrally.

The Accounting Division of the Department of Public Health handles the actual disbursements of each month's documented operating expenses to local WIC agencies.

Disbursements for food costs come from the WIC Program bank account. This account is designed to disburse each type of payment from separate accounts:



CONCENTRATION ACCOUNT: the "parent" account records all transactions; this is a cash account and funds both of the "sibling" accounts on a daily basis for actual amount required.

DISBURSEMENT ACCOUNT: pays food costs

REIMBURSEMENT ACCOUNT: pays local WIC vendors for designated food costs

After the money passes through the Warrant system, it is deposited in the Concentration Account. The other accounts are "zero balance" accounts which draw dollars from the Concentration Account as needed.

Administrative costs for the state WIC office, as well as reimbursements to local WIC agencies, are disbursed through the State Comptroller's Office using standard state payment procedures.

DETERMINATION OF PROGRAM COSTS

FOOD COSTS

Each month, the computer prints vouchers for all WIC participants listed on the WIC computer participant masterfile. In addition to these pre-printed vouchers, each local program manually writes a certain number of manual vouchers for participants who need food sooner than the voucher system can accomodate.

Participants have 30 days to redeem their vouchers, and authorized WIC food vendors and pharmacies have 60 days from date of issue in which to deposit the vouchers at their banks.

Shortly after the close of each month, the State's Bureau of Computer Services (BCS) sends the State WIC Office a report of the reconciled amount of funds expended for food during that month. These reports are generated by reconciling bank transaction tapes against masterfile information of vouchers issued.

PROGRAM PARTICIPATION

Cashed voucher transactions are also matched to the active participant file in order to produce accurate reports on the number of women, infants and children who participated in the program each month.

ADMINISTRATIVE AND OTHER PROGRAM COSTS

Local Program Costs

Each local WIC program incurs obligations and makes expenditures based on a line-item budget.

The state WIC office reimburses local programs for actual expenditures against budgeted line items. If the local WIC program submits expenses for reimbursement against a line item which exceeds the budgeted amount or which was not budgeted, the expenses are disallowed by the state WIC office.

Budgets may be amended during each contract period through a formal written process.

State Costs

The state WIC office incurs obligations and makes expenditures based on a budget developed at the beginning of each fiscal year for allowable expense categories (for example, personnel or supplies).

State costs are obtained monthly in the following manner:

- The Accounting Division of the Department of Public Health reports personnel costs including fringe benefit and indirect cost charges directly to the State WIC Office.
- The state WIC office keeps records of reimbursements for voucher system operations.
- The Accounting Division of the Department of Public Health reports all other disbursements for state WIC office costs, such as supplies, printing, travel, etc. These expenses are paid from standard subsidiary accounts set up for the WIC Program by the Accounting Division. Copies of source documents and accompanying invoices are kept both at the Accounting Division and at the state WIC office.

Administrative Obligations

Administrative obligations incurred by the state WIC office and local WIC programs are reported each month on a fiscal year-to-date basis. Obligations are defined as the amounts of orders placed, services provided and other expenses which have been incurred but not yet paid.

Both the state WIC office and the local WIC programs maintain documentation of administrative obligations.

ALLOCATION OF FUNDS

FUNDING

The Massachusetts WIC Program allocates funds in the following manner:

1. The federal funds available for food costs are determined by USDA's funding formula.
2. The federal funds available for administrative expenses are determined by USDA's funding formula.
3. A major portion of the administrative funds are allocated via the state's contracting process to the local WIC programs to support direct services as related to caseload assignments.
4. From the total of administrative funds available, a certain amount is set aside for state agency costs as expressed in a categorized budget. State agency expenses include personnel, the cost of the voucher system, audit costs, printing and supplies, consultant fees, and travel reimbursement. These state agency expenses support local program direct services and operations, e.g., participant forms, equipment, and monitoring and evaluation.

LOCAL PROGRAM RESOURCE ALLOCATION PLAN

A plan for the distribution of caseload and corresponding funds was developed during FY 87. This plan was prepared to address the need to allocate new caseload and monies in FY 87, and was modified and utilized to allocate caseload and funds for FY 88 and FY 89.

The goals, objectives and criteria for the expansion funds allocation were developed with input from WIC program agency executive directors, program directors and nutritionists as well as from local WIC program staff. An ad hoc advisory committee comprised of representatives from the Senate and House Ways and Means Committee, the Executive Office of Human Services, contract agency executive directors, and local WIC program directors and nutritionists then reviewed and approved both the criteria and proposed plan. The WIC Advisory Council reviewed the stability funds allocation part of the plan.

Allocation, Goals and Objectives - The continuing goals of the Massachusetts WIC program are to: 1) reduce morbidity and mortality and improve longterm health for mothers, infants and children in Massachusetts through improved nutrition; and 2) assure maximum services to participants through full use of available resources.

As part of achieving these goals, a related objective is to lay a foundation of stability and equity in the Massachusetts WIC Program as a whole and at the individual local WIC programs. Within the constraints of available resources, program stability and equity will include additional resources for local program administration and operations to correct underfunding of local agency contracted services, to maintain caseload, and to support newly assigned local program caseload.

Resource Availability - Projected caseload is a function of the federal funding for food and administration plus the level of state supplemental funding. Resource availability is the determining factor in the allocation of caseload and administrative funds to local WIC programs under both expansion and stability circumstances.

I. EXPANSION FUNDS ALLOCATION CRITERIA

A. Allocation of Expansion Caseload - The criteria for the allocation of new caseload, the amount of which is determined by available resources, are presented below:

1. to local WIC programs unable to serve participants in priority groups 4 or 5a so that each program will be able to serve participants in priority groups 1 through 5a.
2. to local WIC programs serving a lower percentage of the eligible population than the statewide average as determined by the current Needs Assessment, to a percentage determined by the availability of resources.

In addition, consideration will be given to service areas with particular populations which may be eligible for WIC services but are not accounted for by the needs assessment and/or to areas of high infant mortality, low birth-weight and other indicators of poor reproductive outcome. The majority of these new cases are to be added in Priorities 1 through 5 in order to gain the greatest possible outcome for children by the age of five.

3. to local WIC programs with the management capacity to utilize additional caseload while maintaining program quality. Technical assistance regarding outreach and caseload management will be provided to help local programs attain maximum caseload in high-risk/high-need areas.

- B. Local Program Administrative Funds - In order to move towards achieving equity and to provide stability in local program administration and operations, monies which are determined by available resources will be provided for the following purposes:
1. caseload additions will be made at the current statewide average cost per participant.
 2. local WIC programs operating at a cost per participant lower than the statewide average will be brought up to the current statewide average.
 3. provision of funds for exceptional financial need will be made as identified in individual agency budget negotiation.

II. STABILITY FUNDS ALLOCATION CRITERIA

- A. Allocation of Stability Caseload - Allocation of caseload under stability funding circumstances is based on the following criteria:

1. to local WIC programs currently unable to serve participants in priority groups 4 or 5a so that each program will be able to serve participants in priority groups 1 through 5a.
2. to local WIC programs in areas of high need as demonstrated by high infant mortality, low birthweight, and adolescent pregnancy as well as the WIC Needs Assessment. Since available funding is not increased under stability funding conditions, increasing the percentage of eligibles served as determined by the WIC Needs Assessment cannot be a consideration.
3. to local WIC programs with the management capacity to utilize current or additional caseload while maintaining program standards. Management capacity is measured by local programs' case management history with emphasis on utilization of caseload and growth trends in recent months.

Conversely, under stability circumstances when no new WIC caseload is generated, local WIC programs which have not utilized caseload will have caseloads reduced to levels which can be reached and maintained. In making these reductions, consideration will be given to caseload growth trends as well as special circumstances such as program management changes at local programs.

4. In high-risk service areas where available vacant caseload is significant, caseload should not be reduced to indicated levels, and technical assistance will be provided regarding outreach and management to help local programs attain maximum, active caseload.

- B. Local Program Administration Funds - Caseload allocation will be accompanied by related local programming and operational funds:
1. caseload will be reduced at the local program's current cost per participant or the statewide average cost per participant, whichever is lower.
 2. caseload will be added at the current average cost per participant.
- C. Review and Adjustment - Following allocation processes, local WIC program utilization of caseload will continue to be reviewed on a monthly basis. Assigned caseload and contract amounts will be reviewed and adjusted periodically to reflect 1) caseload utilization, and 2) available funding.

THE WIC NEEDS ASSESSMENT

The Massachusetts WIC Program Needs Assessment (NA) lists, by Health Service Area (HSA) region and local WIC program, the following information:

- the NA ranking of each city or town (from 1 to 351 - 1 being the most at-risk, and 351 the least)
- the Massachusetts cities and towns with more than 500 eligible persons
- the cities and towns which are considered "high-risk", i.e., the top one-third of the NA ranking
- an estimate of the number of eligible persons in each of the 351 Massachusetts cities and towns (see below for the formula used)
- the number of individuals currently receiving WIC benefits in each city or town
- the percentage of that city's/town's need that is currently being served.
- the program serving the city or town
- the priorities currently served by that program.

The 1988 WIC Needs Assessment incorporates the most recent statistics available: 1985 birth statistics and 1980 census data. The formula used is $A (\# \text{ poor pregnancies}) + B (\# \text{ poor children}) = C (\# \text{ eligibles})$, as follows:

$$A = \left[\begin{array}{ccc} \text{births} \times 1.25 & \times & \frac{\# \text{ children } < 5 \text{ below poverty}}{\text{children } < 5} + \frac{\% \text{ of population}}{100-200\% \text{ poverty}} \\ (1985) & & (1980) \quad (1980) \end{array} \right]$$

and

$$B = \left[\begin{array}{ccc} \# \text{ children } < 5 & + & \# \text{ children } \times \frac{\% \text{ of population}}{100-200\% \text{ poverty}} \\ \text{below poverty} & & \\ (1980) & & (1980) \quad (1980) \end{array} \right]$$



MASSACHUSETTS WIC PROGRAM

Needs Assessment Data for Massachusetts Cities and Towns

JULY, 1988

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| NEEDS ASSESSMENT RANKING | TOWNS WITH SOCIAL + ELIGIBLE | HIGH RISK TOWNS | TOWN/CITY | ESTIMATED ELIGIBLES | NUMBERS ACTUALLY SERVED 7/88 | % OF NEEDS MET | SERVED BY | PRIORITIES SERVED 7/88 |
|--------------------------------|------------------------------------|-----------------------|-------------|------------------------|---------------------------------------|----------------------|------------------|------------------------------|
| 142 | | | Abington | 288 | 78 | 27% | Brockton | 1 - 5 |
| 311 | | | Acton | 160 | 19 | 12% | North Central | 1 - 5 |
| 131 | | | Acushnet | 117 | 29 | 25% | New Bedford | 1 - 5 |
| 53 | | * | Adams | 323 | 151 | 47% | Berkshire | 1 - 5 |
| 164 | | | Agawam | 369 | 60 | 16% | Holyoke/Chicopee | 1 - 5 |
| 163 | | | Alford | 20 | 2 | 10% | South Berkshire | 1 - 5 |
| 83 | | * | Amesbury | 457 | 216 | 47% | Haverhill | 1 - 5 |
| 193 | | | Amherst | 340 | 264 | 78% | Hampshire County | 1 - 5 |
| 278 | | | Andover | 217 | 30 | 14% | Lawrence | 1 - 4 |
| 259 | * | | Arlington | 538 | 89 | 17% | Cambridge | 1 - 5 |
| 198 | | | Ashburnham | 59 | 13 | 22% | Athol | 1 - 5 |
| 256 | | | Ashby | 53 | 7 | 13% | North Central | 1 - 5 |
| 170 | | | Ashfield | 47 | 21 | 45% | Franklin County | 1 - 5 |
| 297 | | | Ashland | 116 | 32 | 28% | Frammingham | 1 - 5 |
| 37 | | * | Athol | 386 | 293 | 76% | Athol | 1 - 5 |
| 82 | * | * | Attleboro | 906 | 516 | 57% | Taunton | 1 - 5 |
| 196 | | | Auburn | 169 | 14 | 8% | Worcester | 1 - 5 |
| 44 | | * | Avon | 72 | 23 | 32% | Brockton | 1 - 5 |
| 93 | | * | Ayer | 416 | 197 | 47% | North Central | 1 - 5 |
| 133 | * | | Barnstable | 931 | 402 | 43% | Cape Cod | 1 - 5 |
| 72 | | * | Barre | 104 | 25 | 24% | Athol | 1 - 5 |
| 16 | | * | Becket | 46 | 6 | 13% | Berkshire | 1 - 5 |
| 237 | | | Bedford | 174 | 43 | 25% | Lowell | 1 - 5a |
| 178 | | | Belchertown | 204 | 63 | 31% | South Central | 1 - 5 |
| 65 | | * | Bellingham | 292 | 40 | 14% | South Central | 1 - 5 |
| 309 | | | Belmont | 179 | 29 | 16% | Cambridge | 1 - 5 |
| 115 | | * | Berkley | 60 | 29 | 48% | Taunton | 1 - 5 |
| 333 | | | Berlin | 28 | 3 | 11% | North Central | 1 - 5 |
| 150 | | | Bernardston | 39 | 22 | 56% | Franklin County | 1 - 5 |
| 145 | * | | Beverly | 732 | 211 | 29% | North Shore | 1 - 5 |
| 148 | * | | Billerica | 602 | 91 | 15% | Lowell | 1 - 5a |
| 28 | | * | Blackstone | 248 | 44 | 18% | South Central | 1 - 5 |
| 152 | | | Blandford | 24 | 3 | 13% | Holyoke/Chicopee | 1 - 5 |
| 327 | | | Bolton | 31 | 2 | 6% | North Central | 1 - 5 |
| 8 | * | * | Boston | 23985 | 18685 | 78% | SEE ATTACHED | 1 - 5 |
| 157 | * | | Bourne | 545 | 256 | 47% | Cape Cod | 1 - 5 |
| 314 | | | Boxboro | 46 | 15 | 33% | North Central | 1 - 5 |
| 298 | | | Boxford | 35 | 4 | 11% | Haverhill | 1 - 5 |

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| NEEDS ASSESSMENT RANKING | TOWNS WITH 500 + ELIGIBLE | HIGH RISK TOWNS | TOWN/CITY | ESTIMATED ELIGIBLES | NUMBERS ACTUALLY SERVED 7/88 | % OF NEEDS MET | SERVED BY | PRIORITIES SERVED 7/88 |
|--------------------------------|---------------------------------|-----------------------|--------------|------------------------|---------------------------------------|----------------------|---------------------|------------------------------|
| 125 | | | Bolton | 40 | 11 | 28% | Worcester | 1 - 5 |
| 213 | | | Braintree | 360 | 116 | 32% | Quincy | 1 - 5 |
| 283 | | | Brewster | 156 | 56 | 36% | Cape Cod | 1 - 5 |
| 121 | | | Bridgewater | 291 | 65 | 22% | Brockton | 1 - 5 |
| 97 | | * | Brimfield | 57 | 19 | 32% | South Central | 1 - 5 |
| 26 | * | * | Brockton | 3891 | 2168 | 56% | Brockton | 1 - 5 |
| 40 | | * | Brockfield | 100 | 64 | 64% | South Central | 1 - 5 |
| 240 | | | Brookline | 486 | 157 | 32% | Allston/Brighton | 1 - 5 |
| 255 | | | Buckland | 66 | 2 | 3% | Franklin County | 1 - 5 |
| 221 | | | Burlington | 178 | 46 | 26% | Somerville/Medford | 1 - 5 |
| 67 | * | * | Cambridge | 2325 | 1482 | 64% | Cambridge | 1 - 5 |
| 174 | | | Canton | 170 | 25 | 15% | Brockton | 1 - 5 |
| 335 | | | Carlisle | 10 | 0 | 0% | Lowell | 1 - 5a |
| 202 | | | Carver | 232 | 78 | 34% | Plymouth | 1 - 5 |
| 179 | | | Charlemont | 27 | 31 | 115% | Franklin County | 1 - 5 |
| 166 | | | Charlton | 223 | 30 | 13% | South Central | 1 - 5 |
| 206 | | | Chatham | 133 | 28 | 21% | Cape Cod | 1 - 5 |
| 268 | | | Chelmsford | 314 | 36 | 11% | Lowell | 1 - 5a |
| 6 | * | * | Chelsea | 1737 | 1469 | 85% | Charlestown/Chelsea | 1 - 5 |
| 86 | | * | Cheshire | 53 | 20 | 38% | Berkshire | 1 - 5 |
| 155 | | | Chester | 25 | 10 | 40% | Holyoke/Chicopee | 1 - 5 |
| 232 | | | Chesterfield | 22 | 7 | 32% | Hampshire County | 1 - 5 |
| 55 | * | * | Chicopee | 1560 | 772 | 49% | Holyoke/Chicopee | 1 - 5 |
| 56 | | * | Chilmark | 10 | 4 | 40% | Cape Cod | 1 - 5 |
| 158 | | | Clarksburg | 38 | 20 | 53% | Berkshire | 1 - 5 |
| 46 | | * | Clinton | 468 | 79 | 17% | North Central | 1 - 5 |
| 246 | | | Cohasset | 58 | 3 | 5% | Quincy | 1 - 5 |
| 66 | | * | Colrain | 57 | 34 | 60% | Franklin County | 1 - 5 |
| 271 | | | Concord | 93 | 5 | 5% | Cambridge | 1 - 5 |
| 272 | | | Conway | 41 | 15 | 37% | Franklin County | 1 - 5 |
| 18 | | * | Cummington | 32 | 4 | 13% | Hampshire County | 1 - 5 |
| 192 | | | Dalton | 81 | 30 | 37% | Berkshire | 1 - 5 |
| 168 | | | Danvers | 225 | 64 | 28% | North Shore | 1 - 5 |
| 128 | | | Dartmouth | 347 | 106 | 31% | New Bedford | 1 - 5 |
| 231 | | | Dedham | 344 | 65 | 19% | Quincy | 1 - 5 |
| 195 | | | Deerfield | 62 | 26 | 42% | Franklin County | 1 - 5 |
| 140 | | | Dennis | 257 | 128 | 50% | Cape Cod | 1 - 5 |

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| NEEDS ASSESSMENT RANKING | TOWNS WITH 500 + ELIGIBLE | HIGH RISK TOWNS | TOWN/CITY | ESTIMATED ELIGIBLES | NUMBERS ACTUALLY SERVED 7/88 | % OF NEEDS MET | SERVED BY | PRIORITIES SERVED 7/88 |
|--------------------------------|---------------------------------|-----------------------|------------------|------------------------|---------------------------------------|----------------------|-------------------|------------------------------|
| 141 | | | Dighton | 111 | 33 | 30% | Taunton | 1 - 5 |
| 120 | | | Douglas | 161 | 17 | 11% | South Central | 1 - 5 |
| 328 | | | Dover | 20 | 0 | 0% | Attiston/Brighton | 1 - 5 |
| 96 | * | | Dracut | 371 | 62 | 17% | Lowell | 1 - 5a |
| 62 | | ► | Dudley | 260 | 49 | 19% | South Central | 1 - 5 |
| 337 | | | Dunstable | 23 | 2 | 9% | Lowell | 1 - 5a |
| 251 | | | Duxbury | 135 | 6 | 4% | Plymouth | 1 - 5 |
| 197 | | | E Bridgewater | 191 | 31 | 16% | Brockton | 1 - 5 |
| 176 | | | E Brookfield | 49 | 4 | 8% | South Central | 1 - 5 |
| 216 | | | E Longmeadow | 108 | 12 | 11% | Springfield | 1 - 4 |
| 199 | | | Eastham | 111 | 32 | 29% | Cape Cod | 1 - 5 |
| 191 | | | Easthampton | 340 | 170 | 50% | Hampshire County | 1 - 5 |
| 260 | | | Easton | 221 | 35 | 16% | Brockton | 1 - 5 |
| 322 | | | Edgartown | 53 | 11 | 21% | Cape Cod | 1 - 5 |
| 300 | | | Egremont | 29 | 2 | 7% | South Berkshire | 1 - 5 |
| 321 | | | Erving | 20 | 14 | 70% | Franklin County | 1 - 5 |
| 310 | | | Essex | 66 | 5 | 8% | North Shore | 1 - 5 |
| 80 | * | ► | Everett | 1031 | 385 | 37% | Malden/Revere | 1 - 5 |
| 125 | | | Fairhaven | 341 | 95 | 28% | New Bedford | 1 - 5 |
| 19 | * | ► | Fall River | 4370 | 2229 | 51% | Fall River | 1 - 5 |
| 69 | * | ► | Falmouth | 682 | 333 | 49% | Cape Cod | 1 - 5 |
| 30 | * | ► | Fitchburg | 1599 | 793 | 50% | North Central | 1 - 5 |
| 74 | | * | Florida | 16 | 7 | 44% | Berkshire | 1 - 5 |
| 235 | | | Foxboro | 233 | 33 | 14% | Taunton | 1 - 5 |
| 165 | * | | Framingham | 1008 | 536 | 53% | Framingham | 1 - 5 |
| 153 | | | Franklin | 420 | 57 | 14% | South Central | 1 - 5 |
| 89 | | ► | Freetown | 217 | 34 | 16% | Fall River | 1 - 5 |
| 34 | * | ► | Gardner | 548 | 260 | 47% | Rthol | 1 - 5 |
| 348 | | | Gay Head | 9 | 0 | 0% | Cape Cod | 1 - 5 |
| 209 | | | Georgetown | 56 | 25 | 45% | Haverhill | 1 - 5 |
| 7 | | * | Gill | 38 | 11 | 29% | Franklin County | 1 - 5 |
| 118 | * | | Gloucester | 711 | 219 | 31% | North Shore | 1 - 5 |
| 84 | | * | Goshen | 23 | 3 | 13% | Hampshire County | 1 - 5 |
| 351 | | | Gosnold | 1 | 0 | 0% | Cape Cod | 1 - 5 |
| 239 | | | Grafton | 199 | 37 | 19% | Worcester | 1 - 5 |
| 181 | | | Granby | 111 | 25 | 23% | Hampshire County | 1 - 5 |
| 296 | | | Granville | 32 | 4 | 13% | Holyoke/Chicopee | 1 - 5 |
| 14 | | ► | Great Barrington | 176 | 97 | 55% | South Berkshire | 1 - 5 |

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| NEEDS ASSESSMENT RANKING | TOWNS WITH 500 + ELIGIBLE | HIGH RISK TOWNS | TOWN/CITY | ESTIMATED ELIGIBLES | NUMBERS ACTUALLY SERVED 7/88 | % OF NEEDS MET | SERVED BY | PRIORITIES SERVED 7/88 |
|--------------------------------|---------------------------------|-----------------------|-------------|------------------------|---------------------------------------|----------------------|------------------|------------------------------|
| 54 | * | * | Greenfield | 637 | 489 | 77% | Franklin County | 1 - 5 |
| 186 | | | Groton | 111 | 10 | 9% | North Central | 1 - 5 |
| 132 | | | Groveland | 76 | 11 | 14% | Haverhill | 1 - 5 |
| 139 | | | Hadley | 51 | 12 | 24% | Hampshire County | 1 - 5 |
| 101 | | | Halifax | 176 | 31 | 18% | Plymouth | 1 - 5 |
| 305 | | | Hamilton | 146 | 17 | 12% | North Shore | 1 - 5 |
| 207 | | | Hampden | 63 | 13 | 21% | Springfield | 1 - 4 |
| 236 | | | Hancock | 14 | 1 | 7% | Berkshire | 1 - 5 |
| 243 | | | Hanover | 139 | 19 | 14% | Plymouth | 1 - 5 |
| 123 | | | Hanson | 200 | 40 | 20% | Plymouth | 1 - 5 |
| 172 | | | Hardwick | 95 | 21 | 22% | Athol | 1 - 5 |
| 279 | | | Harvard | 433 | 0 | 0% | North Central | 1 - 5 |
| 63 | | * | Harwich | 183 | 53 | 29% | Cape Cod | 1 - 5 |
| 334 | | | Hatfield | 52 | 9 | 17% | Hampshire County | 1 - 5 |
| 35 | * | * | Haverhill | 1745 | 882 | 51% | Haverhill | 1 - 5 |
| 187 | | | Hawley | 15 | 3 | 20% | Franklin County | 1 - 5 |
| 205 | | | Heath | 23 | 9 | 39% | Franklin County | 1 - 5 |
| 286 | | | Hingham | 191 | 19 | 10% | Quincy | 1 - 5 |
| 95 | | * | Hinsdale | 70 | 17 | 24% | Berkshire | 1 - 5 |
| 104 | | * | Holbrook | 134 | 28 | 21% | Brockton | 1 - 5 |
| 267 | | | Holden | 94 | 8 | 9% | Worcester | 1 - 5 |
| 111 | | * | Holland | 51 | 2 | 4% | South Central | 1 - 5 |
| 336 | | | Holliston | 1031 | 23 | 22% | Framingham | 1 - 5 |
| 1 | * | * | Holyoke | 26351 | 2484 | 94% | Holyoke/Chicopee | 1 - 5 |
| 161 | | | Hopedale | 451 | 11 | 26% | South Central | 1 - 5 |
| 318 | | | Hopkinton | 1151 | 14 | 12% | Framingham | 1 - 5 |
| 91 | | * | Hubbardston | 451 | 6 | 12% | Athol | 1 - 5 |
| 177 | | | Hudson | 2951 | 41 | 14% | Framingham | 1 - 5 |
| 31 | | * | Hull | 374 | 127 | 34% | Quincy | 1 - 5 |
| 107 | | * | Huntington | 451 | 28 | 57% | Hampshire County | 1 - 5 |
| 331 | | | Ipswich | 1451 | 33 | 22% | North Shore | 1 - 5 |
| 151 | | | Kingston | 1251 | 50 | 39% | Plymouth | 1 - 5 |
| 138 | | | Lakeville | 1461 | 42 | 29% | Taunton | 1 - 5 |
| 289 | | | Lancaster | 831 | 28 | 34% | North Central | 1 - 5 |
| 59 | | * | Lanesboro | 701 | 13 | 19% | Berkshire | 1 - 5 |
| 9 | * | * | Laurence | 40551 | 3147 | 78% | Laurence | 1 - 4 |
| 257 | | | Lee | 131 | 59 | 45% | Berkshire | 1 - 5 |

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| NEEDS ASSESSMENT RANKING | TOWNS WITH 500 + ELIGIBLE | HIGH RISK TOWNS | TOWN/CITY | ESTIMATED ELIGIBLES | NUMBERS ACTUALLY SERVED 7/88 | % OF NEEDS MET | SERVED BY | PRIORITIES SERVED 7/88 |
|--------------------------------|---------------------------------|-----------------------|--------------|------------------------|---------------------------------------|----------------------|--------------------|------------------------------|
| 88 | | * | Leicester | 222 | 27 | 12% | Worcester | 1 - 5 |
| 167 | | | Lenox | 127 | 27 | 21% | Berkshire | 1 - 5 |
| 76 | * | * | Leominster | 1079 | 309 | 29% | North Central | 1 - 5 |
| 285 | | | Leverett | 34 | 9 | 26% | Franklin County | 1 - 5 |
| 317 | | | Lexington | 159 | 25 | 16% | Cambridge | 1 - 5 |
| 212 | | | Leyden | 22 | 20 | 91% | Franklin County | 1 - 5 |
| 265 | | | Lincoln | 169 | 2 | 1% | Cambridge | 1 - 5 |
| 303 | | | Littleton | 68 | 7 | 10% | North Central | 1 - 5 |
| 302 | | | Longmeadow | 99 | 2 | 2% | Springfield | 1 - 4 |
| 29 | * | * | Lowell | 4033 | 2976 | 74% | Lowell | 1 - 5a |
| 124 | | | Ludlow | 253 | 61 | 24% | Holyoke/Chicopee | 1 - 5 |
| 200 | | | Lunenburg | 121 | 10 | 8% | North Central | 1 - 5 |
| 33 | * | * | Lynn | 3254 | 2495 | 77% | North Shore | 1 - 5 |
| 330 | | | Lynnfield | 62 | 9 | 15% | North Shore | 1 - 5 |
| 117 | * | * | Malden | 1346 | 496 | 37% | Malden/Revere | 1 - 5 |
| 344 | | | Manchester | 37 | 3 | 8% | North Shore | 1 - 5 |
| 233 | | | Mansfield | 230 | 45 | 20% | Taunton | 1 - 5 |
| 291 | | | Marblehead | 189 | 25 | 13% | North Shore | 1 - 5 |
| 51 | | * | Marion | 108 | 19 | 18% | New Bedford | 1 - 5 |
| 149 | * | | Marlboro | 780 | 172 | 22% | Framingham | 1 - 5 |
| 284 | | | Marshfield | 372 | 79 | 21% | Plymouth | 1 - 5 |
| 39 | | * | Mashpee | 177 | 96 | 54% | Cape Cod | 1 - 5 |
| 247 | | | Mattapoisett | 83 | 16 | 19% | New Bedford | 1 - 5 |
| 90 | | * | Maynard | 223 | 34 | 15% | Framingham | 1 - 5 |
| 319 | | | Medfield | 78 | 9 | 12% | South Central | 1 - 5 |
| 116 | * | * | Medford | 1073 | 391 | 36% | Somerville/Medford | 1 - 5 |
| 162 | | | Medway | 120 | 21 | 18% | South Central | 1 - 5 |
| 301 | | | Melrose | 352 | 67 | 19% | Malden/Revere | 1 - 5 |
| 261 | | | Mendon | 56 | 10 | 18% | South Central | 1 - 5 |
| 159 | | | Merrimac | 119 | 33 | 28% | Haverhill | 1 - 5 |
| 113 | * | * | Methuen | 691 | 244 | 35% | Lawrence | 1 - 4 |
| 41 | * | * | Middleboro | 699 | 201 | 29% | Plymouth | 1 - 5 |
| 87 | | * | Middlefield | 13 | 2 | 15% | Hampshire County | 1 - 5 |
| 61 | | * | Middleton | 83 | 9 | 11% | North Shore | 1 - 5 |
| 169 | | | Milford | 457 | 194 | 42% | South Central | 1 - 5 |
| 70 | * | * | Millbury | 278 | 27 | 10% | Worcester | 1 - 5 |
| 228 | | | Millis | 81 | 18 | 22% | South Central | 1 - 5 |
| 77 | | * | Millville | 39 | 14 | 36% | South Central | 1 - 5 |

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| NEEDS ASSESSMENT RANKING | TOWNS WITH 500 + ELIGIBLE | HIGH RISK TOWNS | TOWN/CITY | ESTIMATED ELIGIBLES | NUMBERS ACTUALLY SERVED 7/88 | % OF NEEDS MET | SERVED BY | PRIORITIES: SERVED 7/88 |
|--------------------------------|---------------------------------|-----------------------|------------------|------------------------|---------------------------------------|----------------------|--------------------|-------------------------------|
| 249 | | | Milton | 254 | 51 | 20% | Quincy | 1 - 5 |
| 350 | | | Monroe | 2 | 2 | 100% | Franklin County | 1 - 5 |
| 203 | | | Monson | 142 | 35 | 25% | South Central | 1 - 5 |
| 145 | | | Montague | 257 | 260 | 101% | Franklin County | 1 - 5 |
| 226 | | | Monterey | 23 | 8 | 35% | South Berkshire | 1 - 5 |
| 36 | | * | Montgomery | 11 | 0 | 0% | Holyoke/Chicopee | 1 - 5 |
| 349 | | | Mount Washington | 2 | 4 | 200% | South Berkshire | 1 - 5 |
| 12 | * | * | N Adams | 555 | 451 | 81% | Berkshire | 1 - 5 |
| 218 | | | N Andover | 214 | 25 | 12% | Lawrence | 1 - 4 |
| 110 | | * | N Attleboro | 479 | 123 | 26% | Taunton | 1 - 5 |
| 269 | | | N Brookfield | 136 | 5 | 4% | South Central | 1 - 5 |
| 293 | | | N Reading | 122 | 24 | 20% | Somerville/Medford | 1 - 5 |
| 263 | | | Nahant | 23 | 11 | 48% | North Shore | 1 - 5 |
| 276 | | | Nantucket | 64 | 15 | 23% | Cape Cod | 1 - 5 |
| 292 | | | Natick | 291 | 79 | 27% | Framingham | 1 - 5 |
| 329 | | | Needham | 182 | 14 | 8% | Allston/Brighton | 1 - 5 |
| 13 | | * | New Ashford | 1 | 2 | 200% | Berkshire | 1 - 5 |
| 11 | * | * | New Bedford | 4663 | 2206 | 47% | New Bedford | 1 - 5 |
| 17 | | * | New Braintree | 27 | 1 | 4% | Rhthol | 1 - 5 |
| 5 | | * | New Marlboro | 49 | 16 | 33% | South Berkshire | 1 - 5 |
| 241 | | | New Salem | 19 | 7 | 37% | Franklin County | 1 - 5 |
| 183 | | | Newbury | 80 | 26 | 33% | Haverhill | 1 - 5 |
| 102 | * | * | Newburyport | 536 | 89 | 17% | Haverhill | 1 - 5 |
| 280 | * | | Newton | 711 | 127 | 18% | Allston/Brighton | 1 - 5 |
| 307 | | | Norfolk | 83 | 4 | 5% | South Central | 1 - 5 |
| 112 | * | * | Northampton | 662 | 264 | 40% | Hampshire County | 1 - 5 |
| 264 | | | Northboro | 84 | 10 | 12% | Framingham | 1 - 5 |
| 64 | | * | Northbridge | 404 | 72 | 18% | South Central | 1 - 5 |
| 281 | | | Northfield | 48 | 30 | 63% | Franklin County | 1 - 5 |
| 137 | | | Norton | 301 | 90 | 30% | Taunton | 1 - 5 |
| 274 | | | Norwell | 40 | 7 | 18% | Quincy | 1 - 5 |
| 219 | | | Norwood | 311 | 124 | 40% | Quincy | 1 - 5 |
| 79 | | * | Oak Bluffs | 66 | 20 | 30% | Cape Cod | 1 - 5 |
| 92 | | * | Oakham | 28 | 2 | 7% | Rhthol | 1 - 5 |
| 20 | | * | Orange | 306 | 228 | 75% | Franklin County | 1 - 5 |
| 229 | | | Orleans | 113 | 18 | 16% | Cape Cod | 1 - 5 |
| 49 | | * | Otis | 43 | 13 | 30% | South Berkshire | 1 - 5 |

SECTION 3: STATE AGENCY OPERATIONS
 PART III: FISCAL
 SECTION F.1
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| NEEDS ASSESSMENT RANKING | TOWNS WITH 500 + ELIGIBLE | HIGH RISK TOWNS | TOWN/CITY | ESTIMATED ELIGIBLES | NUMBERS ACTUALLY SERVED 7/88 | % OF NEEDS MET | SERVED BY | PRIORITIES SERVED 7/88 |
|--------------------------------|---------------------------------|-----------------------|--------------|------------------------|---------------------------------------|----------------------|--------------------|------------------------------|
| 73 | | * | Oxford | 366 | 70 | 19% | South Central | 1 - 5 |
| 81 | | * | Palmer | 242 | 92 | 38% | South Central | 1 - 5 |
| 242 | | | Paxton | 16 | 0 | 0% | Worcester | 1 - 5 |
| 136 | * | | Peabody | 722 | 238 | 33% | North Shore | 1 - 5 |
| 15 | | * | Pelham | 11 | 0 | 0% | Hampshire County | 1 - 5 |
| 225 | | | Pembroke | 337 | 55 | 16% | Plymouth | 1 - 5 |
| 227 | | | Pepperell | 221 | 24 | 11% | North Central | 1 - 5 |
| 323 | | | Peru | 34 | 4 | 12% | Berkshire | 1 - 5 |
| 175 | | | Petersham | 12 | 0 | 0% | Athol | 1 - 5 |
| 109 | | * | Phillipston | 17 | 9 | 53% | Athol | 1 - 5 |
| 47 | * | * | Pittsfield | 1693 | 825 | 49% | Berkshire | 1 - 5 |
| 25 | | * | Plainfield | 21 | 7 | 33% | Hampshire County | 1 - 5 |
| 189 | | | Plainville | 62 | 17 | 27% | Taunton | 1 - 5 |
| 105 | * | * | Plymouth | 1152 | 410 | 36% | Plymouth | 1 - 5 |
| 262 | | | Plympton | 47 | 7 | 15% | Plymouth | 1 - 5 |
| 306 | | | Princeton | 36 | 5 | 14% | Athol | 1 - 5 |
| 10 | | * | Provincetown | 116 | 36 | 31% | Cape Cod | 1 - 5 |
| 122 | * | | Quincy | 1722 | 662 | 38% | Quincy | 1 - 5 |
| 143 | | | Randolph | 295 | 129 | 44% | Quincy | 1 - 5 |
| 250 | | | Raynham | 139 | 37 | 27% | Taunton | 1 - 5 |
| 315 | | | Reading | 210 | 46 | 22% | Somerville/Medford | 1 - 5 |
| 210 | | | Rehoboth | 148 | 36 | 24% | Taunton | 1 - 5 |
| 94 | * | * | Revere | 992 | 612 | 62% | Malden/Revere | 1 - 5 |
| 345 | | | Richmond | 20 | 0 | 0% | Berkshire | 1 - 5 |
| 114 | | * | Rochester | 83 | 24 | 29% | New Bedford | 1 - 5 |
| 85 | * | * | Rockland | 509 | 146 | 29% | Brockton | 1 - 5 |
| 75 | | * | Rockport | 99 | 14 | 14% | North Shore | 1 - 5 |
| 324 | | | Rowe | 10 | 11 | 110% | Franklin County | 1 - 5 |
| 238 | | | Rowley | 42 | 11 | 26% | Haverhill | 1 - 5 |
| 58 | | * | Royalston | 36 | 23 | 64% | Athol | 1 - 5 |
| 185 | | | Russell | 51 | 13 | 25% | Holyoke/Chicopee | 1 - 5 |
| 245 | | | Rutland | 117 | 12 | 10% | Athol | 1 - 5 |
| 288 | | | S Hadley | 164 | 65 | 40% | Hampshire County | 1 - 5 |
| 78 | * | * | Salem | 899 | 511 | 57% | North Shore | 1 - 5 |
| 22 | | * | Salisbury | 211 | 85 | 40% | Haverhill | 1 - 5 |
| 339 | | | Sandisfield | 20 | 13 | 40% | South Berkshire | 1 - 5 |
| 308 | | | Sandwich | 189 | 40 | 21% | Cape Cod | 1 - 5 |
| 214 | | | Saugus | 370 | 97 | 26% | Malden/Revere | 1 - 5 |

SECTION 3: STATE AGENCY OPERATIONS
 PART III: FISCAL
 SECTION F.1
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| NEEDS ASSESSMENT RANKING | TOWNS WITH 500 + ELIGIBLE | HIGH RISK TOWNS | TOWN/CITY | ESTIMATED ELIGIBLES | NUMBERS ACTUALLY SERVED 7/88 | % OF NEEDS MET | SERVED BY | PRIORITIES SERVED 7/88 |
|--------------------------------|---------------------------------|-----------------------|-------------|------------------------|---------------------------------------|----------------------|--------------------|------------------------------|
| 3 | | * | Savoy | 23 | 3 | 13% | Berkshire | 1 - 5 |
| 190 | | | Scituate | 163 | 215 | 15% | Quincy | 1 - 5 |
| 119 | | | Seekonk | 154 | 213 | 18% | Taunton | 1 - 5 |
| 290 | | | Sharon | 116 | 110 | 9% | Brockton | 1 - 5 |
| 244 | | | Sheffield | 66 | 313 | 58% | South Berkshire | 1 - 5 |
| 194 | | | Shelburne | 69 | 513 | 77% | Franklin County | 1 - 5 |
| 342 | | | Sherborn | 15 | 12 | 13% | Framingham | 1 - 5 |
| 71 | | * | Shirley | 177 | 22 | 12% | North Central | 1 - 5 |
| 230 | | | Shrewsbury | 262 | 27 | 10% | Worcester | 1 - 5 |
| 184 | | | Shutesbury | 15 | 15 | 100% | Franklin County | 1 - 5 |
| 106 | | * | Somerset | 180 | 85 | 47% | Fall River | 1 - 5 |
| 103 | * | * | Somerville | 2210 | 1383 | 63% | Somerville/Medford | 1 - 5 |
| 32 | | * | Southampton | 97 | 23 | 24% | Hampshire County | 1 - 5 |
| 275 | | | Southboro | 46 | 2 | 4% | Framingham | 1 - 5 |
| 38 | * | * | Southbridge | 659 | 409 | 62% | South Central | 1 - 5 |
| 48 | | * | Southwick | 208 | 29 | 14% | Holyoke/Chicopee | 1 - 5 |
| 127 | | | Spencer | 362 | 73 | 20% | South Central | 1 - 5 |
| 4 | * | * | Springfield | 7376 | 4491 | 61% | Springfield | 1 - 4 |
| 220 | | | Sterling | 104 | 11 | 11% | North Central | 1 - 5 |
| 320 | | | Stockbridge | 38 | 7 | 18% | South Berkshire | 1 - 5 |
| 294 | | | Stoneham | 276 | 80 | 29% | Somerville/Medford | 1 - 5 |
| 134 | | | Stoughton | 464 | 68 | 15% | Brockton | 1 - 5 |
| 258 | | | Stow | 40 | 2 | 5% | North Central | 1 - 5 |
| 156 | | | Sturbridge | 101 | 40 | 40% | South Central | 1 - 5 |
| 295 | | | Sudbury | 64 | 11 | 17% | Framingham | 1 - 5 |
| 299 | | | Sunderland | 53 | 58 | 109% | Franklin County | 1 - 5 |
| 108 | | * | Sutton | 149 | 13 | 9% | South Central | 1 - 5 |
| 340 | | | Swampscott | 106 | 26 | 25% | North Shore | 1 - 5 |
| 130 | | | Swansea | 314 | 79 | 25% | Fall River | 1 - 5 |
| 43 | * | * | Taunton | 1500 | 765 | 51% | Taunton | 1 - 5 |
| 154 | | | Templeton | 127 | 20 | 16% | Athol | 1 - 5 |
| 201 | | | Tewksbury | 377 | 57 | 15% | Lowell | 1 - 5a |
| 42 | | * | Tisbury | 91 | 39 | 43% | Cape Cod | 1 - 5 |
| 24 | | * | Tolland | 3 | 1 | 33% | Holyoke/Chicopee | 1 - 5 |
| 326 | | | Topsfield | 20 | 1 | 5% | North Shore | 1 - 5 |
| 222 | | | Townsend | 191 | 20 | 10% | North Central | 1 - 5 |
| 173 | | | Truro | 61 | 12 | 20% | Cape Cod | 1 - 5 |

SECTION 3: STATE AGENCY OPERATIONS
 PART III: FISCAL
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| NEEDS ASSESSMENT RANKING | TOWNS WITH 500 + ELIGIBLE | HIGH RISK TOWNS | TOWN/CITY | ESTIMATED ELIGIBLES | NUMBERS ACTUALLY SERVED 7/88 | % OF NEEDS MET | SERVED BY | PRIORITIES SERVED 7/88 |
|--------------------------------|---------------------------------|-----------------------|---------------|------------------------|---------------------------------------|----------------------|------------------|------------------------------|
| 253 | | | Tyngsboro | 175 | 19 | 11% | Lowell | 1 - 5a |
| 341 | | | Tyringham | 6 | 3 | 50% | South Berkshire | 1 - 5 |
| 100 | | * | Upton | 92 | 16 | 17% | South Central | 1 - 5 |
| 57 | | * | Uxbridge | 237 | 79 | 33% | South Central | 1 - 5 |
| 273 | | | W Boylston | 74 | 2 | 3% | Worcester | 1 - 5 |
| 98 | | * | W Bridgewater | 71 | 14 | 20% | Brockton | 1 - 5 |
| 211 | | | W Brookfield | 66 | 4 | 6% | South Central | 1 - 5 |
| 217 | | | W Newbury | 49 | 2 | 4% | Haverhill | 1 - 5 |
| 171 | | | W Springfield | 289 | 162 | 56% | Holyoke/Chicopee | 1 - 5 |
| 343 | | | W Stockbridge | 22 | 16 | 73% | South Berkshire | 1 - 5 |
| 338 | | | W Tisbury | 39 | 1 | 3% | Cape Cod | 1 - 5 |
| 208 | | | Wakefield | 395 | 57 | 14% | Malden/Revere | 1 - 5 |
| 68 | | * | Wales | 28 | 10 | 36% | South Central | 1 - 5 |
| 277 | | | Walpole | 159 | 29 | 18% | Quincy | 1 - 5 |
| 129 | * | | Waltham | 1007 | 417 | 41% | Cambridge | 1 - 5 |
| 50 | | * | Ware | 238 | 120 | 50% | South Central | 1 - 5 |
| 52 | * | * | Wareham | 649 | 393 | 61% | Plymouth | 1 - 5 |
| 45 | | * | Warren | 137 | 47 | 34% | South Central | 1 - 5 |
| 160 | | | Warwick | 21 | 14 | 67% | Franklin County | 1 - 5 |
| 347 | | | Washington | 16 | 0 | 0% | Berkshire | 1 - 5 |
| 215 | | | Watertown | 490 | 116 | 24% | Allston/Brighton | 1 - 5 |
| 332 | | | Wayland | 61 | 4 | 7% | Framingham | 1 - 5 |
| 27 | | * | Webster | 450 | 224 | 50% | South Central | 1 - 5 |
| 282 | | | Wellesley | 159 | 16 | 10% | Allston/Brighton | 1 - 5 |
| 270 | | | Wellfleet | 86 | 26 | 30% | Cape Cod | 1 - 5 |
| 2 | | * | Wendell | 45 | 18 | 40% | Franklin County | 1 - 5 |
| 304 | | | Wenham | 29 | 1 | 3% | North Shore | 1 - 5 |
| 234 | | | Westboro | 179 | 5 | 3% | Framingham | 1 - 5 |
| 99 | * | * | Westfield | 800 | 379 | 47% | Holyoke/Chicopee | 1 - 5 |
| 313 | | | Westford | 176 | 15 | 9% | Lowell | 1 - 5a |
| 180 | | | Westhampton | 31 | 5 | 16% | Hampshire County | 1 - 5 |
| 223 | | | Westminster | 86 | 8 | 9% | Rthol | 1 - 5 |
| 346 | | | Weston | 30 | 0 | 0% | Allston/Brighton | 1 - 5 |
| 60 | | * | Westport | 273 | 84 | 31% | Fall River | 1 - 5 |
| 325 | | | Westwood | 91 | 7 | 8% | Quincy | 1 - 5 |
| 135 | * | | Weymouth | 1039 | 236 | 23% | Quincy | 1 - 5 |
| 266 | | | Whately | 19 | 11 | 58% | Franklin County | 1 - 5 |

SECTION 3: STATE AGENCY OPERATIONS
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| NEEDS ASSESSMENT RANKING | TOWNS WITH 500 + ELIGIBLE | HIGH RISK TOWNS | TOWN/CITY | ESTIMATED ELIGIBLES | NUMBERS ACTUALLY SERVED 7/88 | % OF NEEDS MET | SERVED BY | PRIORITIES: SERVED 7/88 |
|--------------------------------|---------------------------------|-----------------------|--------------|------------------------|---------------------------------------|----------------------|--------------------|-------------------------------|
| 182 | | | Whitman | 303 | 61 | 20% | Brockton | 1 - 5 |
| 287 | | | Wilbraham | 53 | 8 | 15% | Springfield | 1 - 4 |
| 147 | | | Williamsburg | 60 | 17 | 28% | Hampshire County | 1 - 5 |
| 224 | | | Williamstown | 98 | 47 | 48% | Berkshire | 1 - 5 |
| 144 | | | Wilmington | 231 | 70 | 30% | Somerville/Medford | 1 - 5 |
| 21 | | * | Winchendon | 324 | 132 | 41% | Athol | 1 - 5 |
| 312 | | | Winchester | 132 | 22 | 17% | Somerville/Medford | 1 - 5 |
| 316 | | | Windsor | 10 | 0 | 0% | Berkshire | 1 - 5 |
| 248 | | | Winthrop | 242 | 67 | 28% | Malden/Revere | 1 - 5 |
| 188 | * | | Woburn | 654 | 234 | 36% | Somerville/Medford | 1 - 5 |
| 23 | * | * | Worcester | 6038 | 2584 | 43% | Worcester | 1 - 5 |
| 254 | | | Worthington | 17 | 5 | 29% | Hampshire County | 1 - 5 |
| 204 | | | Wrentham | 117 | 17 | 15% | Taunton | 1 - 5 |
| 252 | | | Yarmouth | 388 | 283 | 73% | Cape Cod | 1 - 5 |

STATE TOTALS

148,057 73,889 49.9%

Massachusetts WIC Program

NEEDS ASSESSMENT FOR BOSTON NEIGHBORHOODS

July, 1988

| NEIGHBORHOOD | NA RANK (BOSTON) | 500+ ELIG | HIGH RISK | EST ELIG | NUMBER SERVED | % OF NEED | SERVED BY | % | # |
|------------------|---------------------|--------------|--------------|-------------|------------------|--------------|--|--|--|
| Allston/Brighton | 9 | * | * | 1436 | 1209 | 84% | 012 Allston/Brighton Other | 85% 15% | 1028 181 |
| Boston § | 10 | * | * | 1880 | 2015 | 107% | 005 South End 010 Roxbury 012 Allston/Brighton Other | 62% 21% 10% 7% | 1249 423 201 142 |
| Charlestown | 8 | * | * | 575 | 412 | 72% | 007 Charlestown/Chelsea Other | 85% 15% | 350 62 |
| Dorchester §§ | 2 | * | * | 6030 | 6575 | 109% | 002 Upham's Corner 004 Dorchester/Roxbury 017 South Dorchester 010 Roxbury 005 South End 009 Jamaica Plain 016 South Boston Other | 38% 31% 9% 7% 5% 3% 2% 5% | 2498 2038 592 460 329 197 132 329 |
| East Boston | 7 | * | * | 1279 | 1182 | 92% | 008 East Boston 007 Charlestown/Chelsea 005 South End Other | 86% 4% 3% 7% | 1016 47 35 84 |
| Hyde Park | 6 | * | * | 1050 | 450 | 43% | 017 South Dorchester Other | 62% 38% | 279 171 |

§ Back Bay, Beacon Hill, North End, South Cove, South End, West End

§§ Codman Square, Fields Corner, Grove Hall, Neponset, Upham's Corner

NEEDS ASSESSMENT FOR BOSTON NEIGHBORHOODS

July, 1988

| NEIGHBORHOOD | NA RANK (BOSTON) | 500+ ELIG | HIGH RISK | EST ELIG | NUMBER SERVED | % OF NEED | SERVED BY | % | # |
|---------------|---------------------|--------------|--------------|-------------|------------------|--------------|--|--------------------------------------|--|
| Jamaica Plain | 4 | * | * | 1493 | 1299 | 87% | 009 Jamaica Plain 010 Roxbury 005 South End Other | 80% 8% 6% 6% | 1039 104 78 78 |
| Mattapan | 3 | * | * | 3040 | 1375 | 45% | 017 South Dorchester 004 Dorchester/Roxbury 002 Uphams Corner 010 Roxbury 005 South End Other | 56% 25% 7% 6% 4% 2% | 770 344 96 82 55 28 |
| Roslindale | 11 | * | * | 970 | 633 | 65% | 017 South Dorchester 009 Jamaica Plain Other | 57% 26% 17% | 361 164 108 |
| Roxbury | 1 | * | * | 4505 | 2584 | 57% | 010 Roxbury 004 Dorchester/Roxbury 005 South End 009 Jamaica Plain 002 Uphams Corner Other | 39% 22% 16% 11% 9% 3% | 1008 568 413 284 232 79 |
| South Boston | 5 | * | * | 1364 | 892 | 65% | 016 South Boston Other | 94% 6% | 838 54 |
| West Roxbury | 12 | | * | 363 | 57 | 16% | 017 South Dorchester Other | 61% 39% | 35 22 |

TOTALS

23,985 18,683 78%



MASSACHUSETTS WIC PROGRAM

Needs Assessment Data by Local WIC Program Catchment Area

JULY, 1988

Massachusetts WIC Program

July '88

WIC Needs Assessment

(number of estimated eligibles based on 200% of poverty)

ALLSTON/BRIGHTON

| NEEDS ASSESSMENT RANKING | TOWNS WITH 500 + ELIGIBLE | HIGH RISK TOWNS | TOWN/CITY | ESTIMATED ELIGIBLES | 7/88 | |
|--------------------------------|---------------------------------|-----------------------|------------------|------------------------|-------------------------------|----------------------|
| | | | | | NUMBERS ACTUALLY SERVED | % OF NEEDS MET |
| 240 | | | Brookline | 486 | 157 | 32% |
| 328 | | | Dover | 20 | 0 | 0% |
| 329 | | | Needham | 182 | 14 | 8% |
| 280 | * | | Newton | 711 | 127 | 18% |
| 215 | | | Watertown | 490 | 116 | 24% |
| 282 | | | Wellesley | 159 | 16 | 10% |
| 346 | | | Weston | 30 | 0 | 0% |
| (8) | * | * | Allston/Brighton | 1436 | 1199 | 83% |
| TOTALS | | | | 3514 | 1629 | 46% |

ATHOL

| NEEDS ASSESSMENT RANKING | TOWNS WITH 500 + ELIGIBLE | HIGH RISK TOWNS | TOWN/CITY | ESTIMATED ELIGIBLES | 7/88 | |
|--------------------------------|---------------------------------|-----------------------|---------------|------------------------|-------------------------------|----------------------|
| | | | | | NUMBERS ACTUALLY SERVED | % OF NEEDS MET |
| 198 | | | Ashburnham | 59 | 13 | 22% |
| 37 | | * | Athol | 386 | 293 | 76% |
| 72 | | * | Barre | 104 | 25 | 24% |
| 34 | * | * | Gardner | 548 | 260 | 47% |
| 172 | | | Hardwick | 95 | 21 | 22% |
| 91 | | * | Hubbardston | 49 | 6 | 12% |
| 17 | | * | New Braintree | 27 | 1 | 4% |
| 92 | | * | Oakham | 28 | 2 | 7% |
| 175 | | | Petersham | 12 | 0 | 0% |
| 109 | | * | Phillipston | 17 | 9 | 53% |
| 306 | | | Princeton | 36 | 5 | 14% |
| 58 | | * | Royalston | 36 | 23 | 64% |
| 245 | | | Rutland | 117 | 12 | 10% |
| 154 | | | Templeton | 127 | 20 | 16% |
| 223 | | | Westminster | 86 | 8 | 9% |
| 21 | | * | Winchendon | 324 | 132 | 41% |
| TOTALS | | | | 2051 | 830 | 40% |

Massachusetts WIC Program

July '88

WIC Needs Assessment

(number of estimated eligibles based on 200% of poverty)

BERKSHIRE

| NEEDS ASSESSMENT RANKING | TOWNS WITH 500 + ELIGIBLE | HIGH RISK TOWNS | TOWN/CITY | ESTIMATED ELIGIBLES | NUMBERS ACTUALLY SERVED | 7/88 % OF NEEDS MET |
|--------------------------------|---------------------------------|-----------------------|--------------|------------------------|-------------------------------|------------------------------|
| 53 | | * | Adams | 323 | 151 | 47% |
| 16 | | * | Becket | 46 | 6 | 13% |
| 86 | | * | Cheshire | 53 | 20 | 38% |
| 158 | | | Clarksburg | 38 | 20 | 53% |
| 192 | | | Dalton | 81 | 30 | 37% |
| 74 | | * | Florida | 16 | 7 | 44% |
| 236 | | | Hancock | 14 | 1 | 7% |
| 95 | | * | Hinsdale | 70 | 17 | 24% |
| 59 | | * | Lanesboro | 70 | 13 | 19% |
| 257 | | | Lee | 131 | 59 | 45% |
| 167 | | | Lenox | 127 | 27 | 21% |
| 12 | * | * | N Adams | 555 | 451 | 81% |
| 13 | | * | New Ashford | 1 | 2 | 200% |
| 323 | | | Peru | 34 | 4 | 12% |
| 47 | * | * | Pittsfield | 1693 | 825 | 49% |
| 345 | | | Richmond | 20 | 0 | 0% |
| 3 | | * | Savoy | 23 | 3 | 13% |
| 347 | | | Washington | 16 | 0 | 0% |
| 224 | | | Williamstown | 98 | 47 | 48% |
| 316 | | | Windsor | 10 | 0 | 0% |
| TOTALS | | | | 3419 | 1683 | 49% |

Massachusetts WIC Program

July '88

WIC Needs Assessment

(number of estimated eligibles based on 200% of poverty)

BROCKTON

| NEEDS ASSESSMENT RANKING | TOWNS WITH 500 + ELIGIBLE | HIGH RISK TOWNS | TOWN/CITY | ESTIMATED ELIGIBLES | 7/88 | |
|--------------------------------|---------------------------------|-----------------------|---------------|------------------------|-------------------------------|----------------------|
| | | | | | NUMBERS ACTUALLY SERVED | % OF NEEDS MET |
| 142 | | | Abington | 288 | 78 | 27% |
| 44 | | * | Avon | 72 | 23 | 32% |
| 121 | | | Bridgewater | 291 | 65 | 22% |
| 26 | * | * | Brockton | 3891 | 2168 | 56% |
| 174 | | | Canton | 170 | 25 | 15% |
| 197 | | | E Bridgewater | 191 | 31 | 16% |
| 260 | | | Easton | 221 | 35 | 16% |
| 104 | | * | Holbrook | 134 | 28 | 21% |
| 85 | * | * | Rockland | 509 | 146 | 29% |
| 290 | | | Sharon | 116 | 10 | 9% |
| 134 | | | Stoughton | 464 | 68 | 15% |
| 98 | | * | W Bridgewater | 71 | 14 | 20% |
| 182 | | | Whitman | 303 | 61 | 20% |
| TOTALS | | | | 6721 | 2752 | 41% |

CAMBRIDGE

| NEEDS ASSESSMENT RANKING | TOWNS WITH 500 + ELIGIBLE | HIGH RISK TOWNS | TOWN/CITY | ESTIMATED ELIGIBLES | 7/88 | |
|--------------------------------|---------------------------------|-----------------------|-----------|------------------------|-------------------------------|----------------------|
| | | | | | NUMBERS ACTUALLY SERVED | % OF NEEDS MET |
| 259 | * | | Arlington | 538 | 89 | 17% |
| 309 | | | Belmont | 179 | 29 | 16% |
| 67 | * | * | Cambridge | 2325 | 1482 | 64% |
| 271 | | | Concord | 93 | 5 | 5% |
| 317 | | | Lexington | 159 | 25 | 16% |
| 265 | | | Lincoln | 169 | 2 | 1% |
| 129 | * | | Waltham | 1007 | 417 | 41% |
| TOTALS | | | | 4470 | 2049 | 46% |

Massachusetts WIC Program

July '88

WIC Needs Assessment

(number of estimated eligibles based on 200% of poverty)

CAPE COD

| NEEDS ASSESSMENT RANKING | TOWNS WITH 500 + ELIGIBLE | HIGH RISK TOWNS | TOWN/CITY | ESTIMATED ELIGIBLES | NUMBERS ACTUALLY SERVED | 7/88 % OF NEEDS MET |
|--------------------------------|---------------------------------|-----------------------|--------------|------------------------|-------------------------------|------------------------------|
| 133 | * | | Barnstable | 931 | 402 | 43% |
| 157 | * | | Bourne | 545 | 256 | 47% |
| 283 | | | Brewster | 156 | 56 | 36% |
| 206 | | | Chatham | 133 | 28 | 21% |
| 56 | | * | Chilmark | 10 | 4 | 40% |
| 140 | | | Dennis | 257 | 128 | 50% |
| 199 | | | Eastham | 111 | 32 | 29% |
| 322 | | | Edgartown | 53 | 11 | 21% |
| 69 | * | * | Falmouth | 682 | 333 | 49% |
| 348 | | | Gay Head | 9 | 0 | 0% |
| 351 | | | Gosnold | 1 | 0 | 0% |
| 63 | | * | Harwich | 183 | 53 | 29% |
| 39 | | * | Mashpee | 177 | 96 | 54% |
| 276 | | | Nantucket | 64 | 15 | 23% |
| 79 | | * | Oak Bluffs | 66 | 20 | 30% |
| 229 | | * | Orleans | 113 | 18 | 16% |
| 10 | | * | Provincetown | 116 | 36 | 31% |
| 308 | | | Sandwich | 189 | 40 | 21% |
| 42 | | * | Tisbury | 91 | 39 | 43% |
| 173 | | | Truro | 61 | 12 | 20% |
| 338 | | | W Tisbury | 39 | 1 | 3% |
| 270 | | | Wellfleet | 86 | 26 | 30% |
| 252 | | | Yarmouth | 388 | 283 | 73% |
| TOTALS | | | | 4461 | 1889 | 42% |

CHARLESTOWN/CHELSEA

| NEEDS ASSESSMENT RANKING | TOWNS WITH 500 + ELIGIBLE | HIGH RISK TOWNS | TOWN/CITY | ESTIMATED ELIGIBLES | NUMBERS ACTUALLY SERVED | 7/88 % OF NEEDS MET |
|--------------------------------|---------------------------------|-----------------------|-------------|------------------------|-------------------------------|------------------------------|
| 6 | * | * | Chelsea | 1737 | 1469 | 85% |
| 94 | | * | Revere | 397 | 245 | 62% |
| (8) | * | * | Charlestown | 575 | 412 | 72% |
| TOTALS | | | | 2709 | 2126 | 78% |

Massachusetts WIC Program

July '88

WIC Needs Assessment

(number of estimated eligibles based on 200% of poverty)

FALL RIVER

| NEEDS ASSESSMENT RANKING | TOWNS WITH 500 + ELIGIBLE | HIGH RISK TOWNS | TOWN/CITY | ESTIMATED ELIGIBLES | 7/88 | |
|--------------------------------|---------------------------------|-----------------------|------------|------------------------|-------------------------------|----------------------|
| | | | | | NUMBERS ACTUALLY SERVED | % OF NEEDS MET |
| 19 | * | * | Fall River | 4370 | 2229 | 51% |
| 89 | | * | Freetown | 217 | 34 | 16% |
| 106 | | * | Somerset | 180 | 85 | 47% |
| 130 | | | Swansea | 314 | 79 | 25% |
| 60 | | * | Westport | 273 | 84 | 31% |
| TOTALS | | | | 5354 | 2511 | 47% |

FRAMINGHAM

| NEEDS ASSESSMENT RANKING | TOWNS WITH 500 + ELIGIBLE | HIGH RISK TOWNS | TOWN/CITY | ESTIMATED ELIGIBLES | 7/88 | |
|--------------------------------|---------------------------------|-----------------------|------------|------------------------|-------------------------------|----------------------|
| | | | | | NUMBERS ACTUALLY SERVED | % OF NEEDS MET |
| 297 | | | Ashland | 116 | 32 | 28% |
| 165 | * | | Framingham | 1008 | 536 | 53% |
| 336 | | | Holliston | 103 | 23 | 22% |
| 318 | | | Hopkinton | 119 | 14 | 12% |
| 177 | | | Hudson | 298 | 41 | 14% |
| 149 | * | | Marlboro | 780 | 172 | 22% |
| 90 | | * | Maynard | 223 | 34 | 15% |
| 292 | | | Natick | 291 | 79 | 27% |
| 264 | | | Northboro | 84 | 10 | 12% |
| 342 | | | Sherborn | 15 | 2 | 13% |
| 275 | | | Southboro | 46 | 2 | 4% |
| 295 | | | Sudbury | 64 | 11 | 17% |
| 332 | | | Wayland | 61 | 4 | 7% |
| 234 | | | Westboro | 179 | 5 | 3% |
| TOTALS | | | | 3387 | 965 | 28% |

Massachusetts WIC Program

July '88

WIC Needs Assessment

(number of estimated eligibles based on 200% of poverty)

FRANKLIN COUNTY

| NEEDS ASSESSMENT RANKING | TOWNS WITH 500 + ELIGIBLE | HIGH RISK TOWNS | TOWN/CITY | ESTIMATED ELIGIBLES | NUMBERS ACTUALLY SERVED | 7/88 % OF NEEDS MET |
|--------------------------------|---------------------------------|-----------------------|-------------|------------------------|-------------------------------|------------------------------|
| | | | | | | |
| 170 | | | Ashfield | 47 | 21 | 45% |
| 150 | | | Bernardston | 39 | 22 | 56% |
| 255 | | | Buckland | 66 | 2 | 3% |
| 179 | | | Charlemont | 27 | 31 | 115% |
| 66 | | * | Colrain | 57 | 34 | 60% |
| 272 | | | Conway | 41 | 15 | 37% |
| 195 | | | Deerfield | 62 | 26 | 42% |
| 321 | | | Erving | 20 | 14 | 70% |
| 7 | | * | Gill | 38 | 11 | 29% |
| 54 | * | * | Greenfield | 637 | 489 | 77% |
| 187 | | | Hawley | 15 | 3 | 20% |
| 205 | | | Heath | 23 | 9 | 39% |
| 285 | | | Leverett | 34 | 9 | 26% |
| 212 | | | Leyden | 22 | 20 | 91% |
| 350 | | | Monroe | 2 | 2 | 100% |
| 145 | | | Montague | 257 | 260 | 101% |
| 241 | | | New Salem | 19 | 7 | 37% |
| 281 | | | Northfield | 48 | 30 | 63% |
| 20 | | * | Orange | 306 | 228 | 75% |
| 324 | | | Rowe | 10 | 11 | 110% |
| 194 | | | Shelburne | 69 | 53 | 77% |
| 184 | | | Shutesbury | 15 | 15 | 100% |
| 299 | | | Sunderland | 53 | 58 | 109% |
| 160 | | | Warwick | 21 | 14 | 67% |
| 2 | | * | Wendell | 45 | 18 | 40% |
| 266 | | | Whately | 19 | 11 | 58% |
| TOTALS | | | | 1992 | 1413 | 71% |

Massachusetts WIC Program

WIC Needs Assessment

(number of estimated eligibles based on 200% of poverty)

HAMPSHIRE COUNTY

| NEEDS ASSESSMENT RANKING | TOWNS WITH 500 + ELIGIBLE | HIGH RISK TOWNS | TOWN/CITY | ESTIMATED ELIGIBLES | 7/88 | |
|--------------------------------|---------------------------------|-----------------------|--------------|------------------------|-------------------------------|----------------------|
| | | | | | NUMBERS ACTUALLY SERVED | % OF NEEDS MET |
| 193 | | | Amherst | 340 | 264 | 78% |
| 232 | | | Chesterfield | 22 | 7 | 32% |
| 18 | | * | Cummington | 32 | 4 | 13% |
| 191 | | | Easthampton | 340 | 170 | 50% |
| 84 | | * | Goshen | 23 | 3 | 13% |
| 181 | | | Granby | 111 | 25 | 23% |
| 139 | | | Hadley | 51 | 12 | 24% |
| 334 | | | Hatfield | 52 | 9 | 17% |
| 107 | | * | Huntington | 49 | 28 | 57% |
| 87 | | * | Middlefield | 13 | 2 | 15% |
| 112 | * | * | Northampton | 662 | 264 | 40% |
| 15 | | * | Pelham | 11 | 0 | 0% |
| 25 | | * | Plainfield | 21 | 7 | 33% |
| 288 | | | S Hadley | 164 | 65 | 40% |
| 32 | | * | Southampton | 97 | 23 | 24% |
| 180 | | | Westhampton | 31 | 5 | 16% |
| 147 | | | Williamsburg | 60 | 17 | 28% |
| 254 | | | Worthington | 17 | 5 | 29% |
| TOTALS | | | | 2096 | 910 | 43% |

HAVERHILL

| NEEDS ASSESSMENT RANKING | TOWNS WITH 500 + ELIGIBLE | HIGH RISK TOWNS | TOWN/CITY | ESTIMATED ELIGIBLES | 7/88 | |
|--------------------------------|---------------------------------|-----------------------|-------------|------------------------|-------------------------------|----------------------|
| | | | | | NUMBERS ACTUALLY SERVED | % OF NEEDS MET |
| 83 | | * | Amesbury | 457 | 216 | 47% |
| 298 | | | Boxford | 35 | 4 | 11% |
| 209 | | | Georgetown | 56 | 25 | 45% |
| 132 | | | Groveland | 76 | 11 | 14% |
| 35 | * | * | Haverhill | 1745 | 882 | 51% |
| 159 | | | Merrimac | 119 | 33 | 28% |
| 183 | | | Newbury | 80 | 26 | 33% |
| 102 | * | * | Newburyport | 536 | 89 | 17% |
| 238 | | | Rowley | 42 | 11 | 26% |
| 22 | | * | Salisbury | 211 | 85 | 40% |
| 217 | | | W Newbury | 49 | 2 | 4% |
| TOTALS | | | | 3406 | 1384 | 41% |

Massachusetts WIC Program

July '88

WIC Needs Assessment

(number of estimated eligibles based on 200% of poverty)

HOLYOKE/CHICOPEE

| NEEDS ASSESSMENT RANKING | TOWNS WITH 500 + ELIGIBLE | HIGH RISK TOWNS | TOWN/CITY | ESTIMATED ELIGIBLES | NUMBERS ACTUALLY SERVED | 7/88 % OF NEEDS MET |
|--------------------------------|---------------------------------|-----------------------|---------------|------------------------|-------------------------------|------------------------------|
| 164 | | | Agawam | 369 | 60 | 16% |
| 152 | | | Blandford | 24 | 3 | 13% |
| 155 | | | Chester | 25 | 10 | 40% |
| 55 | * | * | Chicopee | 1560 | 772 | 49% |
| 296 | | | Granville | 32 | 4 | 13% |
| 1 | * | * | Holyoke | 2633 | 2484 | 94% |
| 124 | | | Ludlow | 253 | 61 | 24% |
| 36 | | * | Montgomery | 11 | 0 | 0% |
| 185 | | | Russell | 51 | 13 | 25% |
| 48 | | * | Southwick | 208 | 29 | 14% |
| 24 | | * | Tolland | 3 | 1 | 33% |
| 171 | | | W Springfield | 289 | 162 | 56% |
| 99 | * | * | Westfield | 800 | 379 | 47% |
| TOTALS | | | | 6258 | 3978 | 64% |

LAWRENCE

| NEEDS ASSESSMENT RANKING | TOWNS WITH 500 + ELIGIBLE | HIGH RISK TOWNS | TOWN/CITY | ESTIMATED ELIGIBLES | NUMBERS ACTUALLY SERVED | 7/88 % OF NEEDS MET |
|--------------------------------|---------------------------------|-----------------------|-----------|------------------------|-------------------------------|------------------------------|
| 278 | | | Andover | 217 | 30 | 14% |
| 9 | * | * | Lawrence | 4059 | 3147 | 78% |
| 113 | * | * | Methuen | 691 | 244 | 35% |
| 218 | | | N Andover | 214 | 25 | 12% |
| TOTALS | | | | 5181 | 3446 | 67% |

Massachusetts WIC Program

July '88

WIC Needs Assessment

(number of estimated eligibles based on 200% of poverty)

LOWELL

| NEEDS ASSESSMENT RANKING | TOWNS WITH 500 + ELIGIBLE | HIGH RISK TOWNS | TOWN/CITY | ESTIMATED ELIGIBLES | NUMBERS ACTUALLY SERVED | 7/88 % OF NEEDS MET |
|--------------------------------|---------------------------------|-----------------------|------------|------------------------|-------------------------------|------------------------------|
| 237 | | | Bedford | 174 | 43 | 25% |
| 148 | * | | Billerica | 602 | 91 | 15% |
| 335 | | | Carlisle | 10 | 0 | 0% |
| 268 | | | Chelmsford | 314 | 36 | 11% |
| 96 | | * | Dracut | 371 | 62 | 17% |
| 337 | | | Dunstable | 23 | 2 | 9% |
| 29 | * | * | Lowell | 4033 | 2976 | 74% |
| 201 | | | Tewksbury | 377 | 57 | 15% |
| 253 | | | Tyngsboro | 175 | 19 | 11% |
| 313 | | | Westford | 176 | 15 | 9% |
| TOTALS | | | | 6255 | 3301 | 53% |

MALDEN/REVERE

| NEEDS ASSESSMENT RANKING | TOWNS WITH 500 + ELIGIBLE | HIGH RISK TOWNS | TOWN/CITY | ESTIMATED ELIGIBLES | NUMBERS ACTUALLY SERVED | 7/88 % OF NEEDS MET |
|--------------------------------|---------------------------------|-----------------------|-----------|------------------------|-------------------------------|------------------------------|
| 80 | * | * | Everett | 1031 | 385 | 37% |
| 117 | * | * | Malden | 1346 | 496 | 37% |
| 116 | * | * | Medford | 215 | 78 | 36% |
| 301 | | | Melrose | 352 | 67 | 19% |
| 94 | * | * | Revere | 595 | 367 | 62% |
| 214 | | | Saugus | 370 | 97 | 26% |
| 208 | | | Wakefield | 395 | 57 | 14% |
| 248 | | | Winthrop | 242 | 67 | 28% |
| TOTALS | | | | 4546 | 1614 | 36% |

Massachusetts WIC Program

July '88

WIC Needs Assessment

(number of estimated eligibles based on 200% of poverty)

NEW BEDFORD

| NEEDS ASSESSMENT RANKING | TOWNS WITH 500 + ELIGIBLE | HIGH RISK TOWNS | TOWN/CITY | ESTIMATED ELIGIBLES | NUMBERS ACTUALLY SERVED | 7/88 % OF NEEDS MET |
|--------------------------------|---------------------------------|-----------------------|--------------|------------------------|-------------------------------|------------------------------|
| 131 | | | Acushnet | 117 | 29 | 25% |
| 128 | | | Dartmouth | 347 | 106 | 31% |
| 125 | | | Fairhaven | 341 | 95 | 28% |
| 51 | | * | Marion | 108 | 19 | 18% |
| 247 | | | Mattapoisett | 83 | 16 | 19% |
| 11 | * | * | New Bedford | 4663 | 2206 | 47% |
| 114 | | * | Rochester | 83 | 24 | 29% |
| TOTALS | | | | 5742 | 2495 | 43% |

NORTH CENTRAL

| NEEDS ASSESSMENT RANKING | TOWNS WITH 500 + ELIGIBLE | HIGH RISK TOWNS | TOWN/CITY | ESTIMATED ELIGIBLES | NUMBERS ACTUALLY SERVED | 7/88 % OF NEEDS MET |
|--------------------------------|---------------------------------|-----------------------|------------|------------------------|-------------------------------|------------------------------|
| 311 | | | Acton | 160 | 19 | 12% |
| 256 | | | Ashby | 53 | 7 | 13% |
| 93 | | * | Ayer | 416 | 197 | 47% |
| 333 | | | Berlin | 28 | 3 | 11% |
| 327 | | | Bolton | 31 | 2 | 6% |
| 314 | | | Boxboro | 46 | 15 | 33% |
| 46 | | * | Clinton | 468 | 79 | 17% |
| 30 | * | * | Fitchburg | 1599 | 793 | 50% |
| 186 | | | Groton | 111 | 10 | 9% |
| 279 | | | Harvard | 433 | 0 | 0% |
| 289 | | | Lancaster | 83 | 28 | 34% |
| 76 | * | * | Leominster | 1079 | 309 | 29% |
| 303 | | | Littleton | 68 | 7 | 10% |
| 200 | | | Lunenburg | 121 | 10 | 8% |
| 227 | | | Pepperell | 221 | 24 | 11% |
| 71 | | * | Shirley | 177 | 22 | 12% |
| 220 | | | Sterling | 104 | 11 | 11% |
| 258 | | | Stow | 40 | 2 | 5% |
| 222 | | | Townsend | 191 | 20 | 10% |
| TOTALS | | | | 5429 | 1558 | 29% |

Massachusetts WIC Program

WIC Needs Assessment

(number of estimated eligibles based on 200% of poverty)

NORTH SHORE

| NEEDS ASSESSMENT RANKING | TOWNS WITH 500 + ELIGIBLE | HIGH RISK TOWNS | TOWN/CITY | ESTIMATED ELIGIBLES | 7/88 | |
|--------------------------------|---------------------------------|-----------------------|------------|------------------------|-------------------------------|----------------------|
| | | | | | NUMBERS ACTUALLY SERVED | % OF NEEDS MET |
| 146 | * | | Beverly | 732 | 211 | 29% |
| 168 | | | Danvers | 225 | 64 | 28% |
| 310 | | | Essex | 66 | 5 | 8% |
| 118 | * | | Gloucester | 711 | 219 | 31% |
| 305 | | | Hamilton | 146 | 17 | 12% |
| 331 | | | Ipswich | 149 | 33 | 22% |
| 33 | * | * | Lynn | 3254 | 2495 | 77% |
| 330 | | | Lynnfield | 62 | 9 | 15% |
| 344 | | | Manchester | 37 | 3 | 8% |
| 291 | | | Marblehead | 189 | 25 | 13% |
| 61 | | * | Middleton | 83 | 9 | 11% |
| 263 | | | Nahant | 23 | 11 | 48% |
| 136 | * | | Peabody | 722 | 238 | 33% |
| 75 | | * | Rockport | 99 | 14 | 14% |
| 78 | * | * | Salem | 899 | 511 | 57% |
| 340 | | | Swampscott | 106 | 26 | 25% |
| 326 | | | Topsfield | 20 | 1 | 5% |
| 304 | | | Wenham | 29 | 1 | 3% |
| TOTALS | | | | 7552 | 3892 | 52% |

PLYMOUTH

| NEEDS ASSESSMENT RANKING | TOWNS WITH 500 + ELIGIBLE | HIGH RISK TOWNS | TOWN/CITY | ESTIMATED ELIGIBLES | 7/88 | |
|--------------------------------|---------------------------------|-----------------------|------------|------------------------|-------------------------------|----------------------|
| | | | | | NUMBERS ACTUALLY SERVED | % OF NEEDS MET |
| 202 | | | Carver | 232 | 78 | 34% |
| 251 | | | Duxbury | 135 | 6 | 4% |
| 101 | | * | Halifax | 176 | 31 | 18% |
| 243 | | | Hanover | 139 | 19 | 14% |
| 123 | | | Hanson | 200 | 40 | 20% |
| 151 | | | Kingston | 128 | 50 | 39% |
| 284 | | | Marshfield | 372 | 79 | 21% |
| 41 | * | * | Middleboro | 699 | 201 | 29% |
| 225 | | | Pembroke | 337 | 55 | 16% |
| 105 | * | * | Plymouth | 1152 | 410 | 36% |
| 262 | | | Plympton | 47 | 7 | 15% |
| 52 | * | * | Wareham | 649 | 393 | 61% |
| TOTALS | | | | 4266 | 1369 | 32% |

Massachusetts WIC Program

July '88

WIC Needs Assessment

(number of estimated eligibles based on 200% of poverty)

QUINCY

| NEEDS ASSESSMENT RANKING | TOWNS WITH 500 + ELIGIBLE | HIGH RISK TOWNS | TOWN/CITY | ESTIMATED ELIGIBLES | 7/88 | |
|--------------------------------|---------------------------------|-----------------------|-----------|------------------------|-------------------------------|----------------------|
| | | | | | NUMBERS ACTUALLY SERVED | % OF NEEDS MET |
| 213 | | | Braintree | 360 | 116 | 32% |
| 246 | | | Cohasset | 58 | 3 | 5% |
| 231 | | | Dedham | 344 | 65 | 19% |
| 286 | | | Hingham | 191 | 19 | 10% |
| 31 | | * | Hull | 374 | 127 | 34% |
| 249 | | | Milton | 254 | 51 | 20% |
| 274 | | | Norwell | 40 | 7 | 18% |
| 219 | | | Norwood | 311 | 124 | 40% |
| 122 | * | | Quincy | 1722 | 662 | 38% |
| 143 | | | Randolph | 295 | 129 | 44% |
| 190 | | | Scituate | 163 | 25 | 15% |
| 277 | | | Walpole | 159 | 29 | 18% |
| 325 | | | Westwood | 91 | 7 | 8% |
| 135 | * | | Weymouth | 1039 | 236 | 23% |
| TOTALS | | | | 5401 | 1600 | 30% |

SOMERVILLE/MEDFORD

| NEEDS ASSESSMENT RANKING | TOWNS WITH 500 + ELIGIBLE | HIGH RISK TOWNS | TOWN/CITY | ESTIMATED ELIGIBLES | 7/88 | |
|--------------------------------|---------------------------------|-----------------------|------------|------------------------|-------------------------------|----------------------|
| | | | | | NUMBERS ACTUALLY SERVED | % OF NEEDS MET |
| 221 | | | Burlington | 178 | 46 | 26% |
| 116 | * | * | Medford | 858 | 313 | 36% |
| 293 | | | N Reading | 122 | 24 | 20% |
| 315 | | | Reading | 210 | 46 | 22% |
| 103 | * | * | Somerville | 2210 | 1383 | 63% |
| 294 | | | Stoneham | 276 | 80 | 29% |
| 144 | | | Wilmington | 231 | 70 | 30% |
| 312 | | | Winchester | 132 | 22 | 17% |
| 188 | * | | Woburn | 654 | 234 | 36% |
| TOTALS | | | | 4871 | 2218 | 46% |

Massachusetts WIC Program

July '88

WIC Needs Assessment

(number of estimated eligibles based on 200% of poverty)

SOUTH BERKSHIRE

7/88

| NEEDS ASSESSMENT RANKING | TOWNS WITH 500 + ELIGIBLE | HIGH RISK TOWNS | TOWN/CITY | ESTIMATED ELIGIBLES | NUMBERS ACTUALLY SERVED | % OF NEEDS MET |
|--------------------------------|---------------------------------|-----------------------|------------------|------------------------|-------------------------------|----------------------|
| 163 | | | Alford | 20 | 2 | 10% |
| 300 | | | Egremont | 29 | 2 | 7% |
| 14 | | * | Great Barrington | 176 | 97 | 55% |
| 226 | | | Monterey | 23 | 8 | 35% |
| 349 | | | Mount Washington | 2 | 4 | 200% |
| 5 | | * | New Marlboro | 49 | 16 | 33% |
| 49 | | * | Otis | 43 | 13 | 30% |
| 339 | | | Sandisfield | 20 | 8 | 40% |
| 244 | | | Sheffield | 66 | 38 | 58% |
| 320 | | | Stockbridge | 38 | 7 | 18% |
| 341 | | | Tyringham | 6 | 3 | 50% |
| 343 | | | W Stockbridge | 22 | 16 | 73% |
| TOTALS | | | | 494 | 214 | 43% |

Massachusetts WIC Program

July '88

WIC Needs Assessment

(number of estimated eligibles based on 200% of poverty)

SOUTH CENTRAL

7/88

| NEEDS ASSESSMENT RANKING | TOWNS WITH 500 + ELIGIBLE | HIGH RISK TOWNS | TOWN/CITY | ESTIMATED ELIGIBLES | NUMBERS ACTUALLY SERVED | % OF NEEDS MET |
|--------------------------------|---------------------------------|-----------------------|--------------|------------------------|-------------------------------|----------------------|
| 178 | | | Belchertown | 204 | 63 | 31% |
| 65 | | * | Bellingham | 292 | 40 | 14% |
| 28 | | * | Blackstone | 248 | 44 | 18% |
| 97 | | * | Brimfield | 57 | 18 | 32% |
| 40 | | * | Brookfield | 100 | 64 | 64% |
| 166 | | | Charlton | 223 | 30 | 13% |
| 120 | | | Douglas | 161 | 17 | 11% |
| 62 | | * | Dudley | 260 | 49 | 19% |
| 176 | | | E Brookfield | 49 | 4 | 8% |
| 153 | | | Franklin | 420 | 57 | 14% |
| 111 | | * | Holland | 51 | 2 | 4% |
| 161 | | | Hopedale | 43 | 11 | 26% |
| 319 | | | Medfield | 78 | 9 | 12% |
| 162 | | | Medway | 120 | 21 | 18% |
| 261 | | | Mendon | 56 | 10 | 18% |
| 169 | | | Milford | 457 | 194 | 42% |
| 228 | | | Millis | 81 | 18 | 22% |
| 77 | | * | Millville | 39 | 14 | 36% |
| 203 | | | Monson | 142 | 35 | 25% |
| 269 | | | N Brookfield | 136 | 5 | 4% |
| 307 | | | Norfolk | 83 | 4 | 5% |
| 64 | | * | Northbridge | 404 | 72 | 18% |
| 73 | | * | Oxford | 366 | 70 | 19% |
| 81 | | * | Palmer | 242 | 92 | 38% |
| 38 | * | * | Southbridge | 659 | 409 | 62% |
| 127 | | | Spencer | 362 | 73 | 20% |
| 156 | | | Sturbridge | 101 | 40 | 40% |
| 108 | | * | Sutton | 149 | 13 | 9% |
| 100 | | * | Upton | 92 | 16 | 17% |
| 57 | | * | Uxbridge | 237 | 79 | 33% |
| 211 | | | W Brookfield | 66 | 4 | 6% |
| 68 | | * | Wales | 28 | 10 | 36% |
| 50 | | * | Ware | 238 | 120 | 50% |
| 45 | | * | Warren | 137 | 47 | 34% |
| 27 | | * | Webster | 450 | 224 | 50% |
| TOTALS | | | | 6831 | 1978 | 29% |

Massachusetts WIC Program

July '88

WIC Needs Assessment

(number of estimated eligibles based on 200% of poverty)

SPRINGFIELD

| NEEDS ASSESSMENT RANKING | TOWNS WITH 500 + ELIGIBLE | HIGH RISK TOWNS | TOWN/CITY | ESTIMATED ELIGIBLES | 7/88 | |
|--------------------------------|---------------------------------|-----------------------|--------------|------------------------|-------------------------------|----------------------|
| | | | | | NUMBERS ACTUALLY SERVED | % OF NEEDS MET |
| 216 | | | E Longmeadow | 108 | 12 | 11% |
| 207 | | | Hampden | 63 | 13 | 21% |
| 302 | | | Longmeadow | 99 | 2 | 2% |
| 4 | * | * | Springfield | 7376 | 4491 | 61% |
| 287 | | | Wilbraham | 53 | 8 | 15% |
| TOTALS | | | | 7699 | 4526 | 59% |

TAUNTON

| NEEDS ASSESSMENT RANKING | TOWNS WITH 500 + ELIGIBLE | HIGH RISK TOWNS | TOWN/CITY | ESTIMATED ELIGIBLES | 7/88 | |
|--------------------------------|---------------------------------|-----------------------|-------------|------------------------|-------------------------------|----------------------|
| | | | | | NUMBERS ACTUALLY SERVED | % OF NEEDS MET |
| 62 | * | * | Attleboro | 906 | 516 | 57% |
| 115 | | * | Berkley | 60 | 29 | 48% |
| 141 | | | Dighton | 111 | 33 | 30% |
| 235 | | | Foxboro | 233 | 33 | 14% |
| 138 | | | Lakeville | 146 | 42 | 29% |
| 233 | | | Mansfield | 230 | 45 | 20% |
| 110 | | * | N Attleboro | 479 | 123 | 26% |
| 137 | | | Norton | 301 | 90 | 30% |
| 189 | | | Plainville | 62 | 17 | 27% |
| 250 | | | Raynham | 139 | 37 | 27% |
| 210 | | | Rehoboth | 148 | 36 | 24% |
| 119 | | | Seekonk | 154 | 28 | 18% |
| 43 | * | * | Taunton | 1500 | 765 | 51% |
| 204 | | | Wrentham | 117 | 17 | 15% |
| TOTALS | | | | 4586 | 1811 | 39% |

Massachusetts WIC Program

July '88

WIC Needs Assessment

(number of estimated eligibles based on 200% of poverty)

WORCESTER

| NEEDS ASSESSMENT RANKING | TOWNS WITH 500 + ELIGIBLE | HIGH RISK TOWNS | TOWN/CITY | ESTIMATED ELIGIBLES | NUMBERS ACTUALLY SERVED | 7/88 % OF NEEDS MET |
|--------------------------------|---------------------------------|-----------------------|-------------|------------------------|-------------------------------|------------------------------|
| | | | | | | |
| 196 | | | Auburn | 169 | 14 | 8% |
| 126 | | | Boylston | 40 | 11 | 28% |
| 239 | | | Grafton | 199 | 37 | 19% |
| 267 | | | Holden | 94 | 8 | 9% |
| 88 | | * | Leicester | 222 | 27 | 12% |
| 70 | | * | Millbury | 278 | 27 | 10% |
| 242 | | | Paxton | 16 | 0 | 0% |
| 230 | | | Shrewsbury | 262 | 27 | 10% |
| 273 | | | W. Boylston | 74 | 2 | 3% |
| 23 | * | * | Worcester | 6038 | 2584 | 43% |
| TOTALS | | | | 7392 | 2737 | 37% |

LOCAL WIC PROGRAM BUDGETS

LINE ITEM BUDGETS

Each local WIC program submits a proposed line-item budget to the state WIC office prior to the beginning of the new fiscal year. The state WIC staff reviews these budgets and discusses them with the local agency staff. The local agency makes any necessary adjustments prior to receiving final approval from the state WIC office, and the agreed-upon budget is then incorporated into a contract between the Department of Public Health and the local agency. Among the factors determining a local agency's budget are:

- The overall availability of WIC funds.
- The local program's caseload assignment and staffing pattern to support that caseload.
- The local program's cost per participant as compared to the statewide average cost per participant with consideration given to the contract agency's real cost of operating the local program.
- The size and geographic location of the local WIC program.
- Historical funding patterns.

Each local agency must ensure that the local WIC program has adequate staff to provide WIC services to their participants. The state WIC office has developed standard minimum starting salary ranges for local WIC staff positions and takes into consideration regional differences and personnel policies of the local agency in approving these salaries as part of the regular budget process.

Other line items generally reimbursed include travel, supplies (both office and nutrition education), space costs, postage, and telephone costs.

NUTRITION EDUCATION

At least one-sixth of administrative funds expended by the Massachusetts WIC Program must be used for nutrition education. Costs which can be applied to the minimum amount required are:

- Salary and other costs for time spent on nutrition education consultants
- Costs of producing nutrition education materials
- Costs of training nutrition educators, including costs related to conducting training sessions and producing training materials
- Costs of conducting evaluations of nutrition education, including contractor involvement and time spent in the design of data collection forms and the compilation and analysis of data
- Costs of time spent developing the nutrition education portion of the State Plan
- Costs of monitoring nutrition education activities

The line item budget is useful in allocating funds for nutrition education. An analysis of the entire administrative budget as well as all in-kind contributions ensures that one-sixth of the administrative funds are designated for nutrition education.

FISCAL YEAR 1989 PROPOSED STATE AGENCY BUDGET

10/1/88 - 9/30/89

| | |
|---|-------------------|
| Personnel | 662,053 |
| Fringe Benefits (30% personnel costs) | 198,621 |
| Indirect Costs (14.37% personnel costs audit) | 95,140 |
| Single Audit | 13,000 |
| Consultant Services | 37,450 |
| Banking and Data Entry Services | 321,000 |
| Staff Training | 2,000 |
| Local Agency Contracted Services | 4,621,855 |
| Travel | 15,000 |
| Printing/Advertising | 48,000 |
| Maintenance/Repairs | 0 |
| Office/Administrative Supplies | 28,000 |
| Bloodwork/Other Medical Supplies | 5,000 |
| Equipment | 5,000 |
| Rentals (space and copier) | 32,000 |
| New MIS | 150,000 |
| ADMINISTRATIVE COSTS | 6,234,119 |
| FOOD COSTS | 24,524,354 * |
| <u>TOTAL PROPOSED BUDGET</u> | <u>30,758,473</u> |

* Estimated 4.5% food increase over FY 88

Date July 1, 1988

PROPOSED BUDGET
WIC Program Food Budget

Fiscal Year 1989

| Quarter | Month | Participants x | Food Cost Per Person | Food Expenditures | Priority Categories To Be Served |
|---------|-----------|----------------|-------------------------|----------------------|--|
| First | October | 57,055 | 35.82 | 2,043,696 | I-V |
| | November | 56,927 | 35.90 | 2,043,696 | I-V |
| | December | 56,801 | 35.98 | 2,043,696 | I-V |
| Second | January | 56,675 | 36.06 | 2,043,696 | I-V |
| | February | 56,549 | 36.14 | 2,043,696 | I-V |
| | March | 56,424 | 36.22 | 2,043,696 | I-V |
| Third | April | 56,300 | 36.30 | 2,043,696 | I-V |
| | May | 56,176 | 36.38 | 2,043,696 | I-V |
| | June | 56,053 | 36.46 | 2,043,696 | I-V |
| Fourth | July | 55,930 | 36.54 | 2,043,696 | I-V |
| | August | 55,808 | 36.62 | 2,043,696 | I-V |
| | September | 55,686 | 36.70 | 2,043,698 | I-V |
| Totals | | | | 24,524,354 | |

SECTION 3: STATE AGENCY OPERATIONS
PART III: FISCAL
SECTION F.3
PAGE: 2
DATE: 7/88

Date July 1, 1988

Fiscal Year 1989

SECTION 3: STATE AGENCY OPERATIONS
PART III: FISCAL
SECTION F.4
DATE: 7/88

| Budget Items | State Level | | | | Local Level | | | | Total (9) |
|--|---------------------------------------|-----------------------------------|-------------------------------|-----------------|--|-------------------------------|------------------|-----------------|--------------|
| | General Administra- tion (1) | Food Delivery System (2) | Nutrition Education (3) | Subtotal (4) | Certifica- tion Assess- ments (5) | Nutrition Education (6) | All Other (7) | Subtotal (8) | |
| WIC Full-Time Equivalent ^A Staff Years | 17.5 | 4.0 | 3.5 | 25 | 53 | 40.37 | 108.5 | 201.87 | 226.87 |
| Salaries and Benefits | 602472 | 137708 | 120494 | 860,674 | 1067042 | 812984 | 2184895 | 4064921 | 4925595 |
| Automated Management Systems | | | | 471,000 | | | | -0- | 471000 |
| Space Utilization | | | | 20,000 | | | | 119706 | 139706 |
| Equipment | | | | 5,000 | | | | -0- | 5000 |
| Supplies | | | | 33,000 | | | | 53614 | 86614 |
| Communication and Travel | | | | 63,000 | | | | 30966 | 93966 |
| All other | | | | 51,450 | | | | 236639 | 288089 |
| Indirect Costs ** | | | | 108,140 | | | | 116009 | 224149 |
| Totals | | | | 1612264 | | | | 4621855 | 6234119 |

Direct Costs

Automated Management

Systems Detail

Development 150,000
Banking 255,000
Operating 66,000
Subtotal 471,000 *

A 4FTE work for DPH general administration, 2 of these positions

*These amounts are subject to DPH appropriations.

*List specific items in an addendum.

OTE: Please fill in each line/block. If an item/area does not apply, please write not applicable (NA) in the block. Also, write zeroes in blocks as applicable.

In-Kind Contributions:

State-Level FTE Staff Years 10
Local-Level FTE Staff Years 103
Total Dollar Value (Personnel) \$1,832,040.00

Number of Local Agencies 35
Number of Clinics 120
Number of Food Vendors 720

MANAGEMENT OF PROGRAM INCOME

The Massachusetts WIC Program earns some income on the average daily balance of funds for food costs on hand at the WIC Program's bank. This income is deducted from the bank's service charges for voucher processing.

REPORTING FINANCIAL INFORMATION

Local Agencies

Local agencies submit monthly reports of administrative expenditures and obligations of WIC funds on forms provided by the state WIC office and/or the Department of Public Health's Central Contract Unit. The reports are due in the state WIC office on the 15th day of the month to reflect the previous month's financial activity.

Local WIC programs must submit payment vouchers and itemized reports for expenses incurred against allowable line items in their contract budget. Documentation for all costs must be retained at the local agency and be available for monitoring and audits by WIC Fiscal staff.

All local WIC agencies must retain WIC Program fiscal records for seven years following the date of submission of the final expenditure report for the period to which the report pertains.

State Agency

The state agency will provide to USDA-NEIO the indirect cost rate proposed to be charged, by the Commonwealth, against all Federal grants.

Accounting records reflect each fiscal year's allocation, obligations and spending against the allocation. Each fiscal year is closed out and reported according to state and federal requirements.

Bureau of Computer Services (BCS)

Approximately 25 days after the close of each month, BCS sends printouts to the state WIC office which include the following financial information for the previous month:

1. The number of vouchers cashed during the month
2. The total amount of money spent on food
3. The average cost per voucher
4. Food costs broken down by local WIC program and by voucher type

Additional reports provide information on the final expenditures for a previous month's vouchers that have now expired. For example, the printouts from BCS for August would report the final figures on May's voucher issuance. This information is listed by local WIC program and by voucher type. All of this is done "in production" at BCS where the WIC Program's tapes and data sets are stored, all WIC jobs are run, and WIC reports are printed.

State WIC Bank

Within 21 days after the close of each month, the WIC bank of deposit sends to the state WIC office statements of the WIC Concentration Account and all subsidiary accounts. Input tapes for paid vouchers, bounced vouchers and undistributed vouchers that were processed through the bank are also received for reconciliation processing at BCS.

FUNDS RECLAMATION

If the state WIC office determines that it is appropriate to claim funds as a result of an audit, the following procedure is used:

1. The State WIC Office prepares the audit findings that affect a particular local agency, and assigns a claim to that agency.
2. The local agency responds by either (1) paying the claim, (2) refusing to pay the claim for lack of funds, or (3) refusing to pay the claim in disagreement with the audit's findings.
3. If the local agency pays the claim, they make out the check to either USDA/FNS or to WIC/DPH.
 - If the check is made out to FNS/USDA, the state WIC office forwards the check with an explanatory letter to the Northeast Regional office of FNS.
 - If the check is made out to WIC/DPH, the state WIC office deposits the check in the bank and forwards documentation to FNS with an explanatory letter.
4. If the State WIC Office considers the monetary claim justified and cannot recover the funds from the local agency, it petitions the State legislature for the amount of the claim.

EQUIPMENT AND SERVICES

PROCURING EQUIPMENT

Under state regulation, all items of equipment or related items over five hundred dollars (\$500.00) are competitively procured. The state agency gives the equipment specifications to the state's purchasing agent, who handles the bid process.

Prior approval to use federal funds to purchase data processing equipment is requested from USDA/NERO. After approval, and when using state funds, purchases are made through a competitive bid process.

PROPERTY MANAGEMENT

The state WIC office conforms to the inventory control procedures outlined by the Department of Public Health for all department programs. For each piece of equipment with a purchase price of \$50.00 or more, the following procedures are followed:

1. The WIC Program office manager completes a card containing the following information:

- location (room number)
- GSA code (used to classify types of equipment)
- property ID#
- serial number

After the card is completed, the office manager puts a property ID label on the equipment.

2. WIC fiscal staff fill in the following information from WIC accounting records:
 - account # (the funds used to purchase the item)
 - federally owned?
 - purchase order number
 - price
 - date received from vendor
3. The WIC office manager files the card by location, and reviews the information with the DPH Inventory Coordinator, who enters the data on the card into a microcomputer Inventory File.
4. The Inventory Coordinator prints out two hard copies of WIC's property management report:
 - sorted by location for next year's inventory
 - sorted by GSA number for use in GAAP reporting.

FOOD DELIVERY

The following sections describe the operations of the Food Delivery section of the Massachusetts state WIC office. For a more complete description of the food delivery system, at both the local and state levels, see Section V.A (Voucher System Manual) and Section V.B (Vendor System) of the Procedure Manual.

METHODS OF FOOD DELIVERY TO WIC PARTICIPANTS

The state-operated centralized voucher system is a retail purchase system of food distribution. All of the local WIC programs in Massachusetts provide for retail purchase by WIC participants. A few local WIC programs also have provision for home delivery in rural areas, based on participant need for such services.

The Computerized Food Delivery System

There is a management information and reporting system for all program data on vouchers, vendors and participants.

When a participant or vendor has been authorized to participate in the WIC Program, or manual vouchers have been issued, local program staff complete the appropriate input forms and mail them to the state WIC office. They also send input forms to correct and update existing computerized records. The computer input is keypunched and entered onto magnetic tape for twice-weekly posting to the appropriate computer masterfile.

The food vouchers used by all local programs are generated by the computer monthly. The Bureau of Computer Services (BCS) for the Commonwealth of Massachusetts produces printed vouchers for all WIC Program participants currently active on the WIC participant masterfile. In addition, manual vouchers which are food-specific but not participant-specific are ordered by local programs and produced for use when a participant is not yet on the participant masterfile, and in certain other situations. A list of approved WIC foods is printed on the back of each voucher. A wide variety of standard food packages allows flexibility to the nutritionist in prescribing supplemental foods to meet individual needs.

The computer system also generates twice-weekly and monthly management reports and monthly reconciliation reports for use by local and state staff.

Delivery of Vouchers to Local WIC Programs

Before the beginning of each calendar month, the state WIC office delivers the vouchers to each local WIC program by bonded delivery service. The vouchers are accompanied by a voucher register, participant reports, and supplies ordered by local programs (input forms, postage-paid mailers, etc.) The vouchers and the voucher registers are produced in alphabetical order by site or by household code, for ease of distribution at the local program.

Proxies

If a participant desires a proxy to pick up, sign and redeem the participant's vouchers, the proxy must bring to the local WIC Office a letter of authorization signed by the participant. This letter is kept in the participant's file. The names of proxies may be entered on the participant masterfile.

A proxy who picks up vouchers must also redeem the vouchers, since the two signatures on a voucher must match.

Voucher Redemption

WIC participants receive their vouchers on appointed pick-up days throughout the month. The participants (or authorized representatives) sign the vouchers when they pick them up at the WIC office, and also sign the voucher register or manual voucher input form. The local WIC program staff stamps the vouchers with a "MASS. WIC" validation stamp, making the vouchers valid food instruments. Statewide participant ID cards are used for voucher pick-up.

Throughout the month (30 days starting with the date of issue) participants use the vouchers to purchase WIC foods at authorized WIC vendors across the state. They countersign the vouchers once the price has been written on the voucher; the vendor must assure that the two signatures match.

Authorized vendors stamp vouchers redeemed by participants with a Vendor Authorization Stamp. This stamp identifies the specific vouchers which were redeemed by each individual vendor. Vendors then deposit the stamped and endorsed vouchers in their respective bank accounts.

Redeemed vouchers deposited in vendors' bank accounts are routed through the normal banking system to the state WIC bank and are paid on a daily basis from the state WIC office's account.

Home Delivery

The home delivery system operates only in those rural areas where there is participant hardship in access to stores. This system is the same as the standard system up to the point at which the participant receives the vouchers. Thereafter, the participant may choose to make arrangements with a home delivery service which has an agreement with the local WIC Program. The home delivery service delivers the WIC foods throughout the month, filling in the price on the vouchers each time, after which the participant countersigns the vouchers. The procedures thereafter are the same as for retail stores, starting with the deposit of the vouchers at the home delivery vendor's bank.

Voucher Mailing

Vouchers may be mailed to participants when a hardship situation such as a physical handicap prevents them from picking up vouchers in person and a proxy or alternate method of voucher distribution cannot be used.

RECONCILIATION OF VOUCHERS

At the end of each month, State Street Bank produces tapes reflecting all vouchers paid during the month, all vouchers bounced, and all vouchers remaining undistributed. These tapes are then delivered to BCS and vouchers are individually reconciled against the voucher and participant masterfiles. State staff then analyze the reports produced from these tapes (e.g., cash errors, excessive amounts, participants not on the masterfile), and follow up or require local programs and/or bank personnel to follow up on all problems noted, as needed. Copies of microfilmed paid vouchers are obtained from the bank whenever necessary, as part of this process. Expenditure reports are then adjusted as needed, for instance, when excessive payments are reduced.

EDITS OF VOUCHERS

Prepayment Edits of Vouchers

The state WIC office primarily uses a prepayment edit system.

All vouchers are visually screened before payment at the bank by WIC staff. Vouchers are checked for:

- o counterfeit, invalid or illegible vendor stamp
- o no vendor stamp
- o missing or mismatched signatures
- o expired or future dates
- o no Mass. WIC Program stamp
- o excessive or altered dollar amount
- o price written in pencil, missing or illegible
- o other unusual circumstances.

Vouchers are "bounced" when any of the above items apply. Vouchers exceeding the \$20.00 limit printed on the voucher face are bounced at the bank but may be resubmitted to the State WIC Office, which evaluates these vouchers according to quarterly price reports and pays them as appropriate.

Postpayment Edits of Vouchers

The state WIC office also conducts occasional postpayment edits of vouchers as necessary, either as part of the high-risk vendor screening process or when situations are flagged by the normal screening process.

VENDOR MONITORING, SANCTIONING, AND FAIR HEARINGS

Vendor Monitoring and Sanctioning

Vendor monitoring is a shared responsibility between the state WIC office and local programs. The state office is responsible for disqualifying vendors and conducts fair hearings.

The Massachusetts WIC Vendor Agreement, with Sanction Policy, is included in this Procedure Manual with vendor monitoring procedures for local WIC programs.

Monitoring of the home delivery system is described in the Procedure Manual.

High Risk Vendor Monitoring

High-risk vendor monitoring is conducted based on quarterly computer-generated reports of high-risk vendors. These quarterly reports are based on analyses of voucher price data, information received from local WIC staff and participants about possible abuse by vendors, and reports from WIC voucher monitors about problems observed at the bank.

Additional monitoring is then done through analysis of vouchers submitted for payment, further computerized analysis of vouchers (e.g., to detect overcharges), and compliance buys. Vendors found to be abusing the program are then warned or sanctioned according to the Vendor Sanction Policy which is part of the Vendor Agreement.

Vendor Fair Hearings

The state WIC office conducts the vendor fair hearings in collaboration with the legal office of the Department of Public Health. The state office may or may not choose to disqualify a vendor before a fair hearing is requested and a decision rendered; notice of adverse action is provided to the vendor 15 days in advance of the effective date. Vendors requesting fair hearings are allowed two opportunities to schedule an appointment for a fair hearing.

ANCILLARY SERVICES

The vendors which the state WIC office hires to assist in operation of the food delivery system are, as of June 1987:

- o State Street Bank
- o Bostonian Business Forms
- o Anacomp Micrographics
- o Central Delivery Service
- o Massachusetts Statistics
- o Emco Printers

PARTICIPANT REIMBURSEMENT OF MISUSED VOUCHERS

The recovery of the cash value of program benefits overissued due to the intentional misrepresentation or withholding of information will be initiated if it is deemed cost-effective by the state agency. Cost-effectiveness will be determined by comparing the dollar value of the overissuance to the projected time and money required to pursue the claim. The current state agency estimate for the cost of recovering six months' worth of vouchers is approximately \$400.

Should the state agency decide not to pursue a recovery, other appropriate actions will be taken. These are outlined in the PARTICIPANT VIOLATIONS OF THE WIC PROGRAM section of the Procedure Manual.

Program participants are notified of possible sanctions through a statement on the Income Eligibility/Rights and Responsibilities form.

NUTRITION

The State Nutrition Coordinator

The State Nutrition Coordinator is required to have a Bachelor's and a Master's degree in nutritional sciences or public health, be a registered dietician, and have experience in community nutrition. S/he is responsible for:

- Designing risk criteria for certification and assessment and certification forms for local program use.
- Developing nutrition policy and nutrition care protocols
- Monitoring local programs
- Training nutritionists and nutrition paraprofessionals
- Developing nutrition education resources for local staff and participants
- Integrating special nutrition projects into local program operations.
- Evaluating WIC and nutrition services
- Supervising Nutrition section staff
- Reviewing and approving local programs' annual Nutrition Education Action Plans
- Coordinating program operations with other state departments, other nutrition and human service programs, and special counseling services.

Integration of WIC Nutrition Services With Other DPH Programs

The state WIC office fosters integration of WIC nutrition services with other DPH programs to ensure quality nutrition care for program participants and to eliminate duplication of nutrition services provided by these programs. DPH programs most closely integrated with WIC are the Office of Nutrition, the Pediatric and Prenatal Program and other Health Center Primary Care programs, and the Child and Adolescent Health program. Joint activities include:

1. Joint education and training of WIC and Community Health Program (CHP) nutritionists.
2. Policies and standards applicable to both CHP and WIC programs, such as the Prenatal Vitamin and Mineral Supplement booklet and the Nutrition Policy for Pregnant Adolescents.
3. Combining resources to maximize available funds at the state level.
4. Providing consistent nutrition information to the public using a nutrition information network for consumers, agencies and health professionals.

CIVIL RIGHTS

General

Documentation is maintained in the state WIC office's permanent files regarding compliance status of all local agencies and the disposition of all discrimination complaints.

All local programs are in compliance with Title VI of the Civil Rights Act of 1964.

Reporting

On a monthly basis, the state's computer facility provides the state WIC office with an Ethnic Participation Report which is a statistical analysis of program participation by federally designated ethnic groups within WIC categories (i.e., women, infants, children). The report provides both local program and state totals.

Bilingual Staff

At annual site visits of each local program the state WIC staff reviews the staffing plans for local agencies to determine, where appropriate, whether or not there is sufficient bilingual staff to provide program information to non-English speaking populations in their service areas.

Minority Participants

The state staff monitors the percentage of minority participants in comparison to the local program's catchment area. If minorities are under-represented in local programs, the state and local program staff jointly determine the causes and take the following corrective action:

- A. reviewing the local agency's outreach plan to determine its effectiveness with the under-represented minority group
- B. soliciting the assistance of key members of the minority group to formulate more effective ways of reaching the group and
- C. implementing a new outreach plan

Compliance Review

The state WIC office conducts an annual compliance review as part of each local WIC agency's annual site visit. Each compliance review determines if:

- 1) the program discriminates against applicants because of their race, color, national origin, age, sex, or handicap.
- 2) the USDA non-discrimination clause is included on all printed materials distributed by the local program which contain information about participation requirements, program benefits, eligibility or public notification.
- 3) the poster "...And Justice for All" is prominently displayed.
- 4) all participants are treated in a non-discriminatory manner by local agency personnel.
- 5) all applicants are being served according to WIC Program regulations on a first-come, first-served basis, and determines whether the system used by the local agency is adversely affecting minority participation.
- 6) Rights and Responsibilities forms are being provided/read to participants in their native language.
- 7) local programs have made reasonable efforts to provide bilingual/bicultural WIC services and materials to applicants and participants who cannot communicate in English.
- 8) outreach is being done to minority groups.
- 9) participant files have been coded by racial/ethnic groups as required by regulation and this information is being kept on file for 7 years.
- 10) the program's participation reflects the ethnic/racial composition of the area.
- 11) the ethnic/racial composition of the local program staff reflects the ethnic/racial composition of the area.
- 12) the local program has conducted civil rights training for its staff.
- 13) civil rights complaints are appropriately handled.

The compliance also addresses any complaint of discrimination since the previous compliance review. The review will also determine whether or not local WIC programs are following appropriate procedures regarding the handling of complaints.

Complaints

All applicants to or participants of the WIC Program are informed of their right to a fair hearing and their right to file a complaint directly with the Secretary of Agriculture if they feel that discrimination has occurred.

Complaints of discrimination are referred to the Director, Office of Advocacy and Enterprise, USDA, Washington, D.C. 20250, with a copy to the Regional Civil Rights Director.

MONITORING

Local Program Monitoring

Local program monitoring is the shared responsibility of the Program, Nutrition and Food Delivery sections. Site visits are scheduled annually at each local program.

The goals of local program monitoring are to:

- o Review compliance with federal regulations and state guidelines.
- o Enhance communication between the state agency and local agencies/ programs.
- o Give local program staff the opportunity to meet and discuss their successes and concerns with the state staff.
- o Analyze certification procedures, including educational activities and recordkeeping.
- o Provide guidance on implementation of food delivery accountability systems.
- o Judge the program's access to potential participants and the overall attitudes of the agency and local WIC staff towards participants.
- o Determine the staff's ability to plan effectively.
- o Determine any need for technical assistance, whether at the request of the local program, the local agency, or the state agency.

The state agency is responsible for:

1. Scheduling the site visit (generally, one day is needed to complete the tasks identified below)
2. Monitoring identified indicators of performance
3. Preparing the final report
4. Providing technical assistance on the corrective action plan
5. Approving the corrective action plan

The local program is responsible for:

1. Confirming a mutually acceptable appointment
2. Providing necessary information including, but not limited to,
 - completed pre-review questionnaire
 - participant records
 - applications
 - appointment schedules
 - vendor files
 - participant reports
 - manual voucher logs, input form copies and voucher registers
 - caseload and catchment area data
 - standard letters
 - nutrition education materials
 - outreach plan update
 - group education protocols
 - Nutrition Education Action Plan update
3. Scheduling participant appointments for counseling review as necessary
4. Ensuring that staff is available for consultation
5. Responding to corrective action requests

Local programs are evaluated on the basis of their compliance with federal regulations and state guidelines. Compliance determination is based on data obtained from participant records, applications, voucher records, vendor records, program protocols and policies, Nutrition Education Action Plans, High Risk Outreach Plans, and materials produced by the program, as well as on observations of counseling and program operations.

Areas addressed include:

- o caseload management
- o outreach systems
- o program sites
- o staffing
- o certification
- o nutrition education
- o notification requirements
- o administration
- o civil rights
- o voucher security
- o manual voucher processing
- o computer-generated voucher processing
- o voucher distribution procedures
- o vendor management

In areas where the program is not meeting compliance standards, a corrective action plan is requested and must be approved by the state agency.

The timeline for processing site visits is:

- | | | |
|----|--|------------------------|
| 1. | Appointment scheduled, confirmation letter and pre-review questionnaire sent | 6 weeks prior to visit |
| 2. | Completed pre-review questionnaire back at state WIC office | 1 week prior to visit |
| 3. | Site visit takes place | |
| 4. | Site visit report sent to local agency | 6 weeks after visit |
| 5. | Corrective action plan due at state office | 10 weeks after visit |
| 6. | Corrective action response sent to local agency | 14 weeks after visit |

PROGRAM AVAILABILITY

Outreach at the Local Agency Level

The state WIC agency primarily publicizes the availability of program benefits through its statewide network of local WIC programs. Based in Massachusetts cities and towns in areas of greatest need, the local WIC programs are charged with the responsibility of knowing their communities and are best situated to effectively target outreach activities to high risk populations, health care providers, and social service agencies as well as to conduct general publicity activities.

Local programs are provided with referral checklists and other outreach strategies and are required to submit annual outreach workplans; outreach activities are monitored through the regular state agency site visit protocol, with technical assistance provided as needed.

For a more detailed description of local program outreach activities, see the OUTREACH section in the Procedure Manual.

Outreach at the State Agency Level

The state WIC office investigates and initiates outreach activities that are more feasible on a statewide basis than at the local program level. Kinds of activities this might include are:

- obtaining birth information from Vital Statistics for use in mailing WIC information to new mothers
- discussing with the Department of Public Welfare options for increasing referrals of eligible, non-participating AFDC clients to WIC

The state WIC office also prepares outreach materials to distribute to local programs, potential and current participants, and other interested persons. Examples of these materials include posters and flyers, the Massachusetts WIC Program List, which lists local program locations, sites, staff and hours of operation, and the 3" x 6" "inserts" which are enclosed in mailings from other agencies or organizations such as food banks, AFDC, Food Stamps, Project Good Health, etc.

Coordinating Program Operations With Other Human Service Programs

The state agency coordinates program operations with special counseling services and other human service programs by:

- meeting regularly with staff from the Department of Public Health's Office of Nutrition and from the Pediatric and Prenatal Program to coordinate activities and staffing at the state and local level, plan joint trainings, etc.

- working with the Department of Public Welfare (DPW) to target the WIC eligible prenatals and infants participating in the Medicaid program. Plans include the mailing of WIC materials to DPW's prenatal women and mothers of infants; making WIC materials available at DPW's local offices; the possible insertion of a statement in the protocol for Medicaid participating physicians requiring them to complete medical referral forms for WIC-eligible Medicaid prenatals and infants. In addition, WIC and DPW staff will investigate the possible use of DPW's Health Choices Advisors to assist their WIC-eligible clients with the WIC certification process.
- maintaining close ties with many other nutrition and human service programs such as the Pregnancy Hot-Line, EFNEP, the Office for Children, the Healthy Mothers/Healthy Babies Coalition, Cooperative Extension, the Childhood Lead Poisoning Prevention Program, the Refugee Health Program, the Handicapped Services program, the Women's Health Unit of MCH, and the Hunger Hot-Line.
- coordinating referrals, activities, publicity and outreach with the MCH Healthy Start program.
- working with the Massachusetts Department of Food and Agriculture and EFNEP to increase WIC participant awareness and use of Massachusetts Farmers' Markets as a source of low-cost fresh produce.
- mandating that local programs refer participants to Food Stamps and automatically disqualifying WIC vendors who are disqualified for fraud and abuse by the Food Stamp program. Stores disqualified by the Food Stamp program are not considered for WIC vendorships.
- participating in the Massachusetts Department of Public Health's internal workgroup on Infant Mortality Prevention and working closely with the Boston Area Coalition on Infant Mortality and Low Birthweight.

The WIC Advisory Council also provides a forum for planning initiatives to promote increased coordination of human service activities. The WIC Advisory Council includes representatives from the Massachusetts Department of Welfare, the Office for Children, the Governor's Office of Human Resources, and the Executive Office of Human Services, as well as various other WIC consumers and advocates. See the WIC ADVISORY COUNCIL section of this State Agency Operations manual for a complete list of WIC Advisory Council members.

FAIR HEARINGS

Local Agency Hearings

See the LOCAL AGENCY HEARINGS section of this State Agency Operations manual for complete information regarding local agency hearings.

Participant Fair Hearings

See the following sections in the Procedure Manual for complete information on participant fair hearings:

- THE RIGHT TO A FAIR HEARING (instructions for local programs on notifying participants of their right to a fair hearing)
- FAIR HEARINGS (fair hearing protocols)

Vendor Fair Hearings

See the following sections for complete information regarding vendor fair hearings:

- VENDOR APPEALS
- REQUESTS FOR VENDOR FAIR HEARINGS
- VENDOR PARTICIPATION PENDING A FAIR HEARING
- VENDOR FAIR HEARING PROCEDURES

REQUEST FOR PROPOSALS

Every three years the Department of Public Health, through the state WIC office, publishes an open, competitive request for proposals from public or private non-profit health agencies, from hospitals or from human service agencies that have a commitment to and an expertise in providing service to WIC target populations.

The purpose of the RFP is to allow local agencies to demonstrate their ability to provide direct service to eligible WIC participants. Local agencies must be able to provide for outreach, certification, nutrition education and security and accountability in the provision of WIC vouchers.

The agencies selected are given a contract to provide WIC services.

In the years between RFPs, local agencies submit a proposal narrative which outlines the manner in which the agency will administer the program. The parameters are outlined in the guidance developed by the state WIC office each year.

LOCAL AGENCY SELECTION

The state WIC office selects local agencies for running the WIC Program according to the following priority system:

1. Public or private nonprofit health agencies which provide pediatric and obstetrical care.
2. Public or private nonprofit health or human service agencies which enter into a written agreement with another such agency for either obstetric or pediatric care.
3. Public or private nonprofit health agencies which enter into a written agreement with private physicians, licensed by the State, in order to provide pediatric and obstetrical care.
4. Public or private nonprofit human service agencies which enter into a written agreement with private physicians, licensed by the State, to provide health services.
5. Public or private non-profit health or human service agencies which refer participants to health providers for obstetric and pediatric care.

In selecting local agencies to host local WIC programs, the state WIC office also looks for:

1. Local agencies that demonstrate an in-depth knowledge of the local community.

The state WIC office views the local agency as an expert in the field. The local agency must be able to demonstrate knowledge of the people who live in their catchment area, be familiar with the social service and health service network in the community, and understand the needs of high risk populations in the area.

2. Local agencies that understand the context and expectations of the state WIC office.

The local agency must understand the historical development of the WIC Program, the rationale for its design, and the mandate of the program: to serve the WIC participants.

3. Local agencies that understand the operational issues of administering a local WIC program.

The local agency must understand that the various components of the WIC Program function as a separate part, but at the same time are integrated into a single program by effective management.

The local agency must also understand the need for a secure voucher system and the liability incurred for vouchers on hand.

4. Local agencies that have the organizational structure and resources to run a local WIC program.

The local agency must show evidence of a well-established financial management system which can handle cash flow and reporting requirements. They must clearly define the roles and responsibilities of the local WIC program staff, as well as the relationship between the WIC program staff and the local agency. The local agency must be willing to provide professional, supportive supervisory staff who regularly interact with the WIC Program staff.

LOCAL AGENCY HEARINGS

Reviewing the Outcome of an RFP Funding Decision

Local agencies have an opportunity to review the outcome of an RFP funding decision through a debriefing/appeal process.

Within ten working days after the issuance of award/rejection letters, any bidder may request an opportunity 1) to discuss with the WIC staff the reasons for not being selected as a provider and 2) to examine proposals, a list of awards and evaluation materials and ratings provided by the review committee(s).

Bidders requesting a debriefing must do so in writing to:

Director
Massachusetts WIC Program
Division of Family Health Services
Massachusetts Department of Public Health
150 Tremont Street, 3rd floor
Boston, Massachusetts 02111

Appeals

After the debriefing process, any current provider or bidder who is dissatisfied with the RFP award decisions may request an appeal of the decision within five working days of the debriefing meeting.

A provider/bidder requesting an appeal must do so in writing to the Director of the Division of Family Health Services. The written request must include the specific reasons for seeking an appeal. Upon receipt of the request, a meeting will be scheduled with program and division management and the aggrieved party. The goal of the preliminary meeting is to achieve a resolution of the appeal without a formal fair hearing procedure.

If the provider/bidder remains dissatisfied with the RFP outcome, s/he can request a formal fair hearing in writing or verbally within five working days of the preliminary hearing.

The fair hearing will be conducted by an impartial hearing officer designated by the Commissioner who will make the final determination. This decision is final and will be provided in writing to the provider/successful bidder within ten working days of the conclusion of the proceeding and sixty working days from the local agency's original request for a fair hearing.

Local Agency Rights in a Fair Hearing

The local agency will be provided with: 1) advance notice of the time and place of the hearing, 2) the opportunity to present its case, to confront and examine adverse witnesses and to be represented by counsel, if desired.

If the local agency is unable to appear at the fair hearing on the date scheduled by the hearing officer and the local agency notifies the state WIC office in advance, the agency may have one opportunity to reschedule the hearing.

Termination of a WIC Contract

Local agencies terminated from participating in the WIC Program for not complying with WIC regulations and/or other provisions of the WIC contract will receive a written notification from the state office informing them of the termination, the cause(s), and the effective date of the termination, not less than 60 days prior to the effective date of the termination.

If a local agency wishes to appeal the termination of their WIC contract with the Department of Public Health, the agency may request a hearing. The agency's written request for a hearing must be received within 10 days of the agency's receipt of the termination notice.

The fair hearing will be conducted by an impartial hearing officer designated by the Commissioner of Public Health who will make the final determination. The decision will be provided in writing to the local agency within sixty days of the local agency's request for a fair hearing.

Expiration of a WIC Contract

The expiration of a local agency's WIC contract is not subject to appeal.



ACME
WINDMILL CO. INC.

NOV 15 1980

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 11-15-80 BY SP-10/STP/STP

